DOCUMENT RESUME

ED 419 921 CE 076 528

AUTHOR	Thomas, Letitia; Lanham, Geoffrey; Daily, Sandra
TITLE	Activity Director in a Long-Term Care Facility. Student Manual [and] Instructor Key.
INSTITUTION	Missouri Univ., Columbia. Instructional Materials Lab.
SPONS AGENCY	Missouri State Dept. of Elementary and Secondary Education, Jefferson City. Div. of Vocational and Adult Education.
PUB DATE	1997-09-00
NOTE	270p.
AVAILABLE FROM	Instructional Materials Laboratory, University of Missouri, 2316 Industrial Drive, Columbia, MO 65202; toll-free phone: 800-669-2465; http://iml.coe.missouri.edu (order no. 50-5106-S, student manual:$28; 50-5106-K, instructor key: $4).
PUB TYPE	Guides - Classroom - Learner (051) -- Guides - Classroom - Teacher (052)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Allied Health Occupations Education; *Health Facilities; Instructional Materials; *Leisure Time; Lesson Plans; *Long Term Care; Needs Assessment; Older Adults; Program Administration; *Recreational Activities; Recreational Programs; Secondary Education; State Curriculum Guides; Teaching Guides; *Therapeutic Recreation
IDENTIFIERS	*Activity Coordinators (Long Term Care); Missouri

ABSTRACT

This curriculum for activity director in a long-term care facility consists of a student manual and instructor key. The student manual is designed to be used independently by students in secondary health occupations programs or by individuals receiving on-the-job training in a long-term care facility. A clinical site is needed for individuals to practice activity director skills and to demonstrate mastery of these skills. Introductory materials include a 46-item bibliography, and glossary. The manual is divided into six units: introduction to activity director in a long-term care facility, psychosocial needs of adults, interpersonal communication skills, assessment and evaluation, programming, and management. Units are further divided into one to seven lessons that contain lesson objectives, key terms, content information, illustrations, and activity sheets as appropriate for the content. Each unit has a written evaluation that should be taken after all lessons in the unit are studied. A unit checklist, located at the end of each unit, provides a method for keeping track of activity sheets and written unit evaluations to be completed in the unit. The written unit evaluations are included at the end of the manual. The instructor's key provides answers to the activity sheets and unit evaluations. (YLB)

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ED 419 921

Activity Director in a Long-Term Care Facility

Student Manual
Instructor Key

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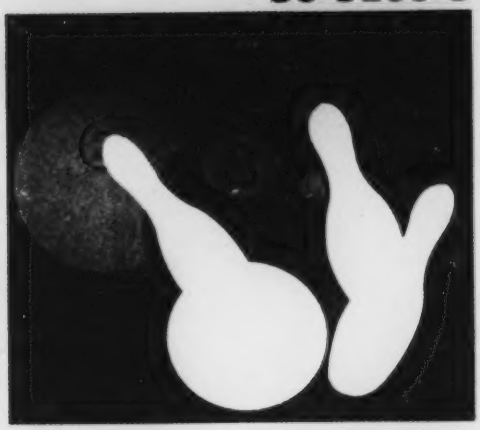

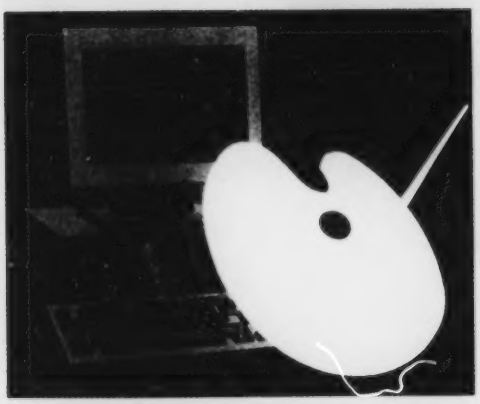

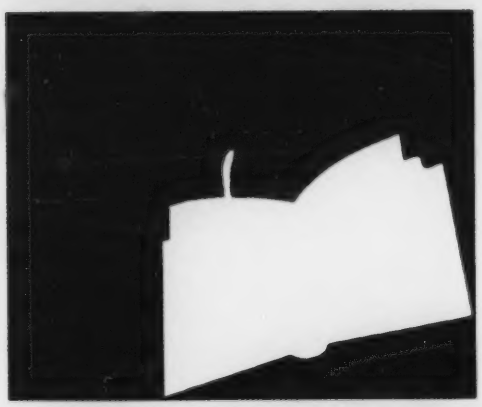

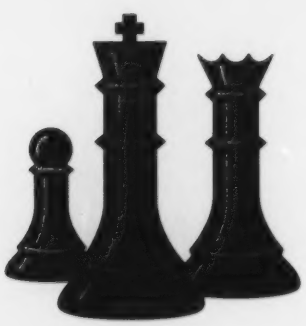

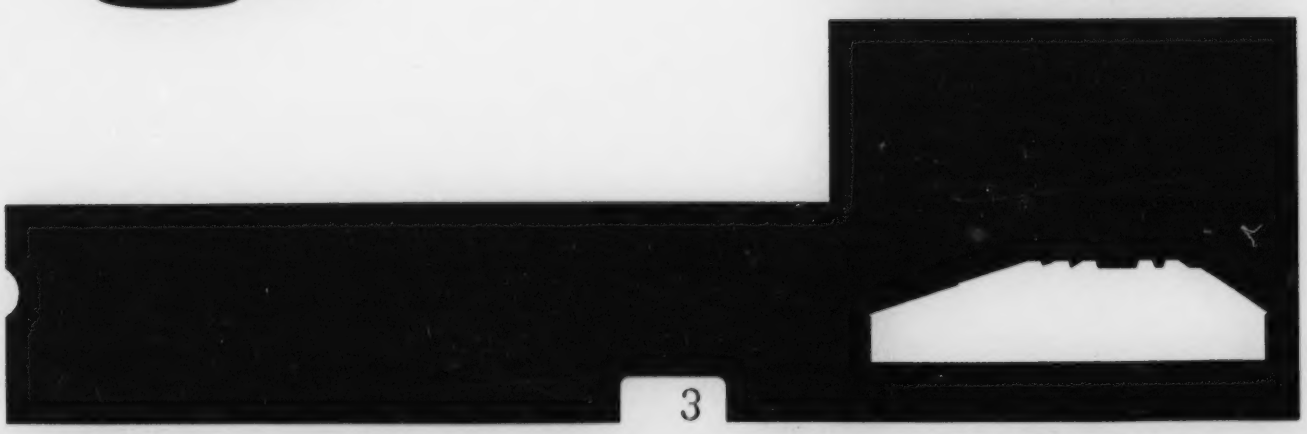

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Available from:
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"Development of this product was supported in whole or part by funds from the Department of Elementary and Secondary Education, Division of Vocational and Adult Education. However, information or opinions expressed herein do not necessarily reflect the position or policies of the Missouri Department of Elementary and Secondary Education or the Division of Vocational and Adult Education, and no official endorsement should be inferred."

Activity Director in a Long-Term Care Facility

Student Manual

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Produced by:
Instructional Materials Laboratory
University of Missouri-Columbia
Columbia, Missouri

September 1997

Catalog Number 50-5106-S

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Acknowledgments

The content of the *Activity Director in a Long-Term Care Facility* manual was developed with input from secondary health occupations education instructors, activity personnel, nurses, and personnel from the Missouri Division of Aging, the Missouri Department of Elementary and Secondary Education, and the Instructional Materials Laboratory at the University of Missouri-Columbia. A sincere thank you is extended to the advisory committee members and to Project Life, Department of Parks and Recreation at the University of Missouri-Columbia.

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Foreword

This *Activity Director in a Long-Term Care Facility* manual is designed to be used independently by students who are in secondary health occupations programs or by individuals receiving on-the-job training in a long-term care facility. A clinical site (long-term care facility) is needed for individuals to practice activity director skills and to demonstrate mastery of these skills.

This manual is divided into six units: Introduction to Activity Director in a Long-Term Care Facility, Psychosocial Needs of Adults, Interpersonal Communication Skills, Assessment and Evaluation, Programming, and Management. Units are further divided into lessons, which contain lesson objectives, key terms, content information, illustrations, and activity sheets as appropriate for the content. Activity Sheets are designed to assist the learner in mastering the information in each lesson. The Clinical/Laboratory Activities included on the Activity Sheets should be reviewed or discussed with the instructor or clinical supervisor upon completion.

Each unit has a written evaluation that should be taken after all lessons in the unit are studied. A score of a least 80 percent indicates that the student has satisfactorily completed the unit and may proceed to the next unit. Students should review any lessons or materials that correspond to missed evaluation items.

A Unit Checklist, located at the end of each unit, provides a method for keeping track of Activity Sheets and Written Unit Evaluations to be completed in this unit.

The Written Unit Evaluations are included at the end of the manual. If you are taking this instruction under the supervision of an instructor or clinical supervisor, these pages may be removed from your manual. When you are ready to complete a Written Unit Evaluation, check with your instructor or clinical supervisor.

Those using this manual on an individual basis may want to order the Instructor's Key, which provides answers to Activity Sheets and written Unit Evaluations.

Prior to beginning this manual, the student should successfully master all competencies in the *Health Care Assistant* Core Curriculum or be certified as a nurse assistant in a long-term care facility. The Core Curriculum is designed to teach information and skills common to all health care workers.

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Glossary

A

Abnormal depression - an emotional state that causes exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are not related to the resident's situation.

Active listening - a communication technique in which the listener concentrate on a person's words and nonverbal cues to organize what he or she is saying while ignoring all distractions.

Active recreation - common recreational activities that involve being active, such as dancing, sports, and exercise classes.

Activity - an event or action enjoyed during leisure time. Activity is done at one's convenience, without haste.

Activity participation records - effective indicators of the residents' involvement in activities and their life in the facility.

Adult day care - a variety of programs provided during the day in a protective group setting for the frail elderly who continue to live in their homes. It provides opportunities for group experiences and services designed to maintain and improve their current level of functioning. Adult day care programs provide personal care, supervision, and an organized program of activities, experiences, and therapies.

Aggressive communication - a communication style that involves standing up for personal rights and expressing thoughts, feelings, and beliefs in a way that is aggressive, often dishonest, and usually inappropriate. This communication style violates the rights of the other person. It humiliates, degrades, belittles, or overpowers other people. It makes them weaker and less able to express and defend their needs and rights.

Alzheimer's Disease - an irreversible dementia that is chronic and progressive.

Annual budget - a budget, usually completed before the beginning of the calendar or fiscal year, that includes the amount budgeted for the current year and source of income. The annual budget is a guide for the entire year's activity expenses. An annual budget has columns of the amounts budgeted in each category, the actual expenditures, and reasons for significant variances from the budgeted amounts to actual expenses.

Aphasia - a loss or impairment of the ability to use or comprehend words that is a result from damage to the portion of the brain that is dominant for language. It usually occurs suddenly and is often the result of a stroke or head injury, but it may also develop slowly as with a brain tumor.

Assertive communication - an effective communication style in which a person expresses thoughts, feelings, and beliefs in direct, honest, and appropriate ways. Assertive communication allows both people involved in the conversation to communicate.

Assessment - the process of discovering an individual's identity, strengths, and needs.

Autocratic leadership - a leadership style in which the leader makes all decisions without input from others.

B

Behavior - the second part of an objective that identifies what the resident will be doing to demonstrate the desired knowledge, skill, or ability. It must be observable and measurable. The working phrase for a behavior will always include "the resident" or the name of the resident followed by an action verb.

Broca's aphasia - a type of aphasia that results from damage to the front portion of the language-dominant side of the brain. Individuals with Broca's aphasia may speak in short, meaningful sentences. They can comprehend much of the speech of others, but will often omit small words in their own speech, such as "as," "and," and "the."

Burnout - physical or emotional exhaustion of strength or motivation from overwork, stress, or frustration.

C

Care plan - a plan developed by the health care team for individual residents. It consists of goals and objectives tailored to meet the special needs and interests of the residents.

Chronic - a description for a disease or disorder that is long-lasting, constant, or recurring.

Chronic mental illness - a mental disorder, such as schizophrenia, bipolar disorder, and depression, that can be long-lasting, recurring, or constant.

Clinical depression - depression that involves a marked reduction in normal activities along with the depressed state.

Communication board - a tool used to help staff communicate with residents who speak a different language or have aphasia. It is a board that displays pictures representing various activities provided in the nursing home.

Comparison evaluation - an evaluation tool that compares the number of residents served to the number of hours the activity staff are scheduled.

Condition - the first part of an objective that describes the situation under which the desired behavior will occur. The condition identifies necessary equipment, activities, time lines, and other events that are essential to the performance of the desired behavior. Usually the condition is the first phrase of the objective and is often set off from the rest of the objective by a comma.

Creative activities - recreational activities such as arts and crafts, drama, and music.

Criteria - the final part of an objective that determines the exact amounts and nature of the behavior that proves the objective has been met. A criterion is a precise statement or

standard that is so clear that two or more different evaluators have no trouble deciding whether the desired behavior occurred. It may describe a number of trials, level of accuracy, amount of time, percentage, a certain form, or procedures and characteristics.

Culture - the values, beliefs, customs, and art of a specific social group.

D

Decompensation - the increased display of symptoms of mental illness.

Deference - to be subservient to another person because he or she is older, more powerful, experienced, knowledgeable, or a different sex or race. This behavior shows a lack of respect for one's own needs and the inclination to avoid conflict at any cost.

Delirium - a temporary, reversible change in brain cell function.

Dementia - a chronic mental disorder that makes it hard for a resident to remember thoughts and adjust to situations and surroundings.

Democratic leadership - a leadership style in which all members of a group are involved in making decisions.

Diversional activity - an activity that is mostly entertaining or fun for residents, rather than for a therapeutic benefit.

E

Early adult stage - a developmental stage of life that involves learning to develop close personal relationships or intimacy. Most individuals in this stage enjoy physical health and vigor and are making marital, family, and career choices.

The Eden Alternative - a philosophy that advocates a new approach to management of a long-term care facilities. The Eden Alternative looks at the three major problems of a nursing home: boredom, loneliness and helplessness and attempts to eliminate these problems. It provides residents with the opportunity for companionship, variety, and spontaneity by introducing animals, plants, and children into the lives of each resident.

F

Flow - a state of consciousness that involves deep concentration, an intense participation in an activity, and forgetfulness of self and everyday problems.

G

Global aphasia - a type of aphasia that results from damage to a large portion of the language-dominant side of the brain. Individuals with global aphasia have major communication problems and may be extremely limited in their ability to speak or comprehend language.

Goal - a statement of intent, or the end, that a resident strives to attain. Each individual resident's care plan contains specific goals.

J

Job appraisal - an evaluation of such things as an employee's cooperation, dependability, output, willingness to learn, appearance, use and upkeep of materials and supplies, judgment, safety procedures, initiative, knowledge of the job, attitudes, etc. An appraisal is a process for providing objective information about a person's performance and skill level, weaknesses, and strengths.

Job description - a written description of the responsibilities and requirements of a job that includes the title of the job, description of duties, job location, hours, required skills and abilities, and other information unique to the facility.

L

Laissez-faire leadership - a leadership style in which the leader avoids deliberate direction and just lets things happen.

Later maturity - an adult developmental stage of life that is usually considered to begin when a person is in their early 60s. Most people in later maturity remain physically active and enjoy their new freedom from responsibilities. Adults in this stage face major social changes including retirement and the deaths of friends and relatives. Physical functions continue to decline and chronic illness may become more common.

Leisure - time free from work or other obligations, such as work related responsibilities including travel, study, or social involvement based on work. It is time available for activities that lack a sense of obligation or compulsion.

Leisure assessment - a process for developing a baseline for activity programming and services needed to restore residents' preferred activity pursuit patterns. The initial phase of assessment consists of three components: resident functioning, distinct resident characteristics, and comparisons of past and present lifestyle patterns.

Long-term care facilities - health care setting that provides care in an institutional setting for an extended period. Long-term care facilities provide emergency and ongoing medical services by physicians, nurses, and rehabilitative staff, as well as pharmaceutical, dietary, dental, social, and activity services.

Long-term survivor - a person who has had most of his or her peers die.

M

Mental disorder - an interference with normal functions of the mind that has physical causes. Mental disorders can affect judgment, memory, understanding, and reasoning.

Middle age - the adult developmental stage of life in which individuals seek satisfaction through productivity in career, family, and civic interests. Middle age is when most people become aware of their own physical changes and become part of the aging population. Adults in this stage are often excited about the challenges of life and feel that they can make a difference in the world.

Minimum Data Set (MDS) - questions on the Resident Assessment Instrument (RAI) that obtain the minimum information needed to begin a comprehensive assessment of a resident. The MDS takes a holistic view of individual residents and assists in identifying how residents' strengths and needs in one area affect other areas of their lives. It focuses on the functional status of the resident, and other items that address individual preferences, such as customary routines and activities.

Mission statement - a statement of philosophy or purpose that explains in broad terms the reason a business or organization is in existence and its general goals.

Monthly budget - a budget that shows at a glance the money remaining for each activity category at any given time. The beginning balance is written at the top of the monthly budget. As money is spent, record the date, description, and amount next to the proper category. Current expenditures are subtracted from beginning balances to find ending balances. At the end of each month, forward the ending balance to the beginning of next month's budget.

Music therapy - the use of music in education and in treatment of people who need special help because of functional disorders that helps them to deal with anger, frustration, grief, and other unexpected negative feelings that music sometimes brings out.

N

Non-assertive communication - a communication style in which the person communicating fails to express honest feelings, thoughts, and beliefs. Nonassertive individuals express their thoughts and feelings in such an apologetic, self-effacing manner that others usually disregard them.

Normal depression - a mood disturbance that causes a person to feel unhappy, sorrowful, "blue," or low-spirited as a result of a normal loss or tragedy.

O

Objectives - the steps necessary to reach each goal. They are a description of behavior or performance which the resident must exhibit before he or she is considered to have attained the goal. A complete objective consists of three parts, the condition, behavior, and criteria.

Old age - the final adult developmental stage of life that typically begins when a person is in their late 70s. Extreme physical frailty is a characteristic of old age. People in this stage review life accomplishments, deal with losses, and prepare for death. Slowing of mental processes and physical frailty may require a person in this stage to move to a long-term care facility.

Ombudsman Program - a free and confidential service that protects the rights of residents in long-term care facilities. The Missouri Long-Term Care Ombudsman Program is comprised of individuals who talk to residents, help them to resolve problems, and be their friend outside the facility. The main responsibility of the ombudsman is to help residents maintain or improve their quality of life by ensuring their rights are not violated.

P

Planning schedule - the time that a schedule or calendar should cover and when it should be worked on, depending on your capabilities, size of and policies of the facility, number of persons involved in the planning process, and scheduling cycle of other departments.

Policies - general written statements that describe what will be done within the facility.

Procedures - written statements that describe the step-by-step method by which policies should be implemented.

Progress note - a periodic review of the resident's current functioning and needs. It is a record of observations, a measure of performance, and a review of activity preferences of residents based on care plan goals. Progress notes offer a summary of participation in activities as specified in care plan goals and objectives.

Purpose statement - a statement of philosophy or purpose that explains in broad terms the reason for the activity program's existence and its general goals.

Q

Quality of life - The quality of a person's daily life that is derived from several factors, including possessions, the environment, personal choices, routines, relationships, etc. Quality of life is different for every individual. For many residents living in long-term care facilities, quality of life is affected by having caring staff, being able to make choices and control their lives, maintaining normal routines, and being involved in stimulating, creative, and meaningful activity.

R

Reality orientation - a communication therapy in which the resident is reminded of who and where he or she is and when it is. Reality orientation is used to rehabilitate residents who are confused or disoriented from any cause (head injury, stroke, mental disorder, over-medication, etc.). At each contact with the resident, he or she is told personal information, such as his or her name, where he or she is, and the date. The resident is told what is going to happen and what is expected of him or her.

Record of activity participation - a record of resident participation in activities each month. Documentation should show if the resident was an active or passive participant, did or did not socialize, stayed for the activity or left early, fell asleep during the activity, or was disruptive, etc.

Reminiscence therapy - a communication therapy based on the principle that human development takes place in specific life stages that involve facing challenges at each stage and adjusting to transitions between stages. Reminiscence helps the person come to terms with guilt, conflict, defeat, and to find meaning in accomplishments. Reviewing life can help a resident see that his or her life is and was meaningful. The resident can remember the productive years, resolve unfinished emotional business, find common ground with others, and gain a sense that life has been worthwhile.

Resident Assessment Instrument (RAI) - a comprehensive, standardized assessment process developed by the Health Care Finance Administration in response to OBRA that consists of two parts: the Minimum Data Set (MDS) for Nursing Home Resident Assessment and Care Screening and the Resident Assessment Protocols (RAPs). All facilities participating in Medicare or Medicaid programs must use the current version of the Health Care Finance Administration's Resident Assessment Instrument to assess residents.

Resident Assessment Protocols (RAPs) - part of the RAI that consists of "triggers" and related guidelines. RAPs are linked to the MDS by triggers or red flags consisting of one or more particular MDS items. The RAPs then offer guidelines that provide a framework for in-depth assessment of specific problem areas. Together, the MDS and the RAPs form the basis for developing a resident care plan.

S

Sedentary activities - recreational activities such as cards, bingo, movies, spectator sports, and parties.

Senior center - a place where older persons come together for services and activities that enhance their dignity, support their independence, and encourage their involvement in the community. Senior centers provide recreation, education, and referral services.

Substance abuse - consuming or depending on a stimulant, depressant, or other chemical substance.

T

Therapeutic activity - an activity that has social, emotional, physical, cognitive, or sensory benefits for residents.

Triggers - red flags that connect MDS information from different sections on the RAI by identifying actual or potential problems of residents.

V

Validation Therapy - a communication therapy for residents diagnosed with Alzheimer's disease and related dementias that allows confused residents to be who and where they think they are so that they regain dignity, self-worth, and identity. Disoriented or confused residents may retreat to a different reality. Validation therapy acknowledges the resident's feelings and tells him or her that the feelings are true. It helps disoriented residents by restoring self worth, reducing stress, justifying living, resolving unfinished conflicts of the past, and making the person happier.

Volunteer - a person who contributes services without pay.

Volunteer coordinator - the person who establishes and administers the facility's volunteer program. He or she assists in determining needs for and placement of volunteers, and handling administrative responsibilities such as maintaining volunteer files and records.

W

Wernicke's aphasia - a type of aphasia that results from damage to the back portion of the language-dominant side of the brain. Individuals with Wernicke's aphasia may speak in long sentences that have no meaning and often add unnecessary words. They have notable difficulties understanding speech.

Work ethic - a belief in work as a moral good.

Unit I

Introduction to Activity Director in Long-Term Care

Unit I is an introduction to the role of the activity director in a long-term care facility. The activity director must understand the meaning of quality of life, leisure, and activity for each individual resident. He or she must also consider the physical, mental, and spiritual benefits of leisure participation. This unit introduces different types of settings that may utilize an activity director. It discusses the roles, responsibilities, and personal qualities of an activity director, as well as the importance of professional organizations. The activity director must be aware of current trends in the philosophy of care provided to long-term care residents and Missouri and federal regulations related to activities.

Unit Lessons

Quality of Life and Leisure

Roles of the Activity Director

Regulations and Philosophy of Care

Lesson 1:
Quality of Life and Leisure

Objectives:

A. Define quality of life, leisure, and activity.

B. Identify factors that contribute to quality of life.

C. Compare and contrast activities vs. leisure.

D. Identify how the role of leisure has evolved.

E. Define culture and work ethic.

F. Identify the physical benefits of leisure.

G. Identify the mental benefits of leisure.

H. Identify the spiritual benefits of leisure.

Key Terms:

- Quality of life
- Leisure
- Activity
- Culture
- Work ethic
- Flow

Quality of Life

Quality of life is difficult to define and even harder to measure. Many people do not think about the components that make up the quality of their lives. A job, family, home, the town in which one resides, automobiles, religion, friends, and leisure or recreational activities are all a part of a person's **quality of life**.

Residents of long-term care facilities have less control over their own quality of life. Providing residents with a good or high quality of life is a challenge for the staff of long-term care facilities because it has a different meaning for each individual. In a sense, a good quality of life for those who live in a long-term care facility is being involved in stimulating, creative, and meaningful activity.

Factors Contributing to Quality of Life

Five factors contribute to a person's quality of life.

1. Physical well-being includes material comforts, health and hygiene, and security. Many health care professionals provide physical care to residents in the long-term care facility.

2. Interpersonal relations include relationships with relatives, intimate relationships, and community involvement.

3. Personal development includes opportunities for intellectual development, self-expression, and meaningful activity.

4. Recreational activities include opportunities for socializing, passive recreation, and active recreation.

5. Spiritual and transcendental activities involve self-understanding and symbolic activity.

Leisure and Activity

Leisure is time free from work or other obligations such as work-related responsibilities including travel, study, or social involvement based on work. To some people leisure is time used for essential life-maintenance activities, such as sleeping, eating, or personal care. Leisure may also be discretionary time remaining after working, sleeping, eating, and satisfying all the other activities of daily living. Its most important characteristic, therefore, is that it lacks a sense of obligation or compulsion. Leisure can be considered that time which is free for one to do what one chooses. Leisure can also be a functional activity not viewed as work that people pursue during their free time.

Leisure is time available for activities; **activity** is the event or action enjoyed during leisure time. An activity is done at one's convenience, and without haste. Activity can consist of reading a book, gardening, golfing, meditation, exercise, fishing, etc.

Evolving Role of Leisure

In previous centuries, only the rich could afford leisure time and activities. Many people worked 70-80 hours per week, allowing them only a few hours to eat and sleep. Leisure did not exist for them. In the 20th century, leisure became a separate social institution in industrialized nations. Technology allowed most people to pursue wanted, pleasurable experiences.

Many factors have contributed to the existence of leisure in our society. The following are important contributors to leisure over the past 100 years.

1. The creation of laborsaving devices for household maintenance and other essential duties - Washing machines, irons, dishwashers, vacuum cleaners, refrigerators, etc., make work easier, quicker, and more efficient, resulting in more free time.

2. Differences in attitudes toward pleasure - Contemporary society has become a pleasure-seeking one. The belief that work is only necessary to afford pleasure replaces a belief system that emphasized social and personal value of work.

3. Substantial increase in the education level of individuals - Valuing certain leisure activities is usually a product of exposure. The increased education of the average citizen expanded interest in various activities and increased income that is available for recreation and entertainment. This factor increased people's interest in obtaining leisure and gave them a wider variety of leisure interests.

4. Decreased physical fatigue associated with many modern employment opportunities - In most pre-industrial societies work was physically exhausting. Because of this, recreation or leisure was synonymous with resting or relaxing, but little else. Today, many forms of work require a minimum of physical activity, resulting in more opportunities to enjoy a variety of leisure activities that require intensive energy.

5. An increase in income - Some forms of leisure cost little or no money, but many activities have some cost associated with them. Incomes have increased during the last 50 years resulting in increased leisure spending. Increased incomes allow people to

participate in many more leisure events.

Culture and Work Ethic

Culture is the values, beliefs, customs, and art of a specific social group. An activity director must understand the cultural differences and similarities of the population that he or she serves. A resident may not choose to participate in an activity because of his or her individual religious belief or cultural bias. Some residents may be interested in participating in an activity of their native land. An activity revolving around the theme of Cinco De Mayo would give Mexican American residents an opportunity to participate in an activity of their culture and heritage. This activity would give others a new experience.

Generational studies show that many cultural traditions continue in American family life. They also show many changes in attitudes, values, and behavior in different generations. When providing activities for residents in long-term care facilities, remember to provide activities that residents want to participate in and not activities that only you like.

The activity director should understand the work ethic of the residents. A **work ethic** is a belief in work as a moral good. Some residents inherited a work ethic passed from generation to generation. Some residents may have a work ethic similar to the Protestant work ethic in which leisure activities are considered to promote idleness that can be dangerous. Many residents may not have had the opportunity or resources to experience a wide variety of leisure activities earlier in their lives. Be sure to offer activities that are similar to what residents are accustomed.

When an individual does not want to participate in an activity, do not take it personally. He or she may have spent his or her entire life working either in the home, on the land, or in business. Leisure time may not have been available to this individual. The activity director should find someone with the same background or someone who has the same work ethic to offer companionship for this individual. This could be someone from the facility or from the community.

Work-related activities can enhance the activity program. Do activities such as cooking, wheel chair repair, and wood working that do not have the "leisure" tag associated with the activity.

Physical Benefits of Leisure

Physical exercise slows the aging process. Activity is a good treatment for atrophy, a loss of muscle tone that results from a lack of use. The metabolic rate is the rate that the body burns calories. The rate usually decreases with age but can increase in seniors who exercise. Other benefits of regular exercise for the elderly include improved cardiovascular and pulmonary (heart and lung) function, a better ability to sleep, and stronger bones. Appropriate exercise improves the resting heart rate and releases hormones that reduce stress.

A daily exercise program should be a part of the activity program. Encourage residents to walk with a walking club. Measure the distance through the hallways of the facility to figure out how many laps make up a mile. Post residents' accomplishments on a bulletin board for all residents to see.

The thought of exercising may turn off some seniors. To get more people involved, try disguising exercise in fun activities.

Balloon volleyball, indoor and outdoor horseshoes, and kickball are just a few of these types of activities that will help the residents.

When conducting an exercise program, it is important to remember the abilities and disabilities of the residents. Too much exercise, too soon may hinder a resident's progress. Make sure to consult with residents' physicians before starting an exercise program.

Mental Benefits of Leisure

"As people age, they lose the capacity to learn." As the saying goes, "You can't teach an old dog new tricks." Both statements are false.

The "use it or lose it" principle applies to both intellectual and physical performance. Providing activities that will stimulate residents mentally is important. If activities do not stimulate residents, the residents may lose their ability to learn.

Research shows that healthy, active people who continue their intellectual interests as they grow older will maintain or even increase cognitive functioning. Substantial research also supports social involvement as a major factor in maintaining or improving mental capacities. Programs that foster socialization, interaction, and communication among the residents should be a vital part of a facility.

Learning new information or skills will give residents something to share with other residents, friends, or family. Almost everyone can learn something new. Use assessments, information from families and friends, and past activity histories to find out about residents' interests. Offer activities that will give residents an opportunity to continue to learn. Remember that there are varying degrees of cognitive functioning among the residents. Planned activities should satisfy individuals with different levels of cognitive ability. An activity may not produce the same benefits for everyone.

Spiritual Benefits of Leisure

For most residents in long-term care, leisure time is abundant. This time allows residents to reflect on their past, whether it was good or bad, and to think about their future. For many, the future may seem bleak. Residents often think about their ailments. Providing a quality activity program may give residents something to look forward to and may distract their thoughts from their problems.

Religious activities may provide residents with the opportunity to review life and prepare for death. For many people, organized church services have always been a weekly opportunity for spiritual exploration or soul searching. Many people may find a similar spiritual value in meditation, daydreaming, or nature. Spiritual activities may be different for every resident.

A quality activity program that meets a resident's individual needs and tastes will give the resident the opportunity to experience flow. **Flow** is a state of consciousness that involves deep concentration and an intense participation in an activity. Residents who experience flow may become so deeply involved in an activity that they forget their troubles. Although the experience may last for only a short time, it is important that the resident has the opportunity to become immersed in an activity.

A resident can experience flow from an activity that challenges the person to

develop new or higher skills. This could be any activity that has rules and clear goals, presents a set of challenges matched to the person's level of skills, and provides immediate response. Residents will be more motivated to participate and will feel more comfortable doing activities that they choose.

Leisure participation also gives residents the opportunity to relax, reduce stress, and increase self-esteem. For example, an exercise program will help the resident increase cardiovascular fitness and build muscle strength, while relaxing and enhancing self-esteem by accomplishing a given task. Because of the exercise program, the resident may be able to stop using a wheel chair and walk, which would foster independence and increase self-worth.

Athletes offer the best example of flow. A baseball player who is hitting the ball better than ever may be experiencing flow. These individuals are so in tune to their game that outside forces such as noise, opposing players, fellow teammates, and coaches do not affect their concentration. Similarly, residents who experience flow become so deeply involved in an activity that they lose track of time and do not think about their problems.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 1: Quality of Life and Leisure

Activity Sheet

1. Define quality of life, leisure, and activity.

_____

_____

_____

_____

2. List the five factors that contribute to quality of life.

a. _____

b. _____

c. _____

d. _____

e. _____

3. List the five factors that have contributed to the evolvement of leisure over the past 100 years.

a. _____

b. _____

c. _____

d. _____

e. _____

4. Define culture and work ethic.

_____

_____

_____

5. List three physical benefits of leisure.

   a. _____

   b. _____

   c. _____

6. List three mental benefits of leisure.

   a. _____

   b. _____

   c. _____

7. List three spiritual benefits of leisure.

   a. _____

   b. _____

   c. _____

Clinical/Laboratory Activities

1. Ask three residents what a good or high "quality of life" means to them and compare their definitions to your own.

2. Ask the activity director to explain to you the physical, mental, and spiritual benefits of leisure. Write an essay about his or her answer.

3. Observe an activity. Write a short description of the activity. Are the residents receiving physical, mental, or spiritual benefits from the activity?

4. Compare activity preferences of people from different generations. These people could be classmates, your parents, your grandparents, or other people who have at least a 20-year difference in their ages.

Lesson 2: Roles of the Activity Director

Objectives:

A. Identify how the role of the activity director has evolved.

B. Define the role of the activity director.

C. List different settings that may utilize an activity director.

D. Describe the relationship between the activity director and staff members in other departments.

E. Project a professional image.

F. Identify factors to maintain job satisfaction.

G. List professional associations for the activity director.

H. List advantages of belonging to professional associations.

I. Use professional journals and trade resources.

Key Terms:

- Senior center
- Sedentary activities
- Creative activities
- Active recreation
- Adult day care
- Long-term care facility
- Burnout

Evolving Role of the Activity Director

Organized recreation or activity in a medical setting is relatively new, but recreation for medical purposes is not. Activities, or recreation, have been used throughout the ages to relieve illness and restore health. According to ancient literature, the Egyptians saw the need for games, songs, and dances to provide cures for those suffering from melancholia (depression or despair) as early as 2,000 B.C.

Physicians began to prescribe physical activity, handicrafts, reading, and music for their patients, around the end of the 18th century and the beginning of the 19th century. Recreational activities continued to be used occasionally for treatment until World War I.

Florence Nightingale introduced recreational services to hospitalized soldiers and soon realized the significant therapeutic value of recreational activities. After noticing that patients gained feelings of self-worth and of being needed by caring for animals, she recommended giving pets to invalids.

World Wars I and II increased awareness of recreation's value in the treatment and rehabilitation of wounded soldiers. The American Red Cross provided recreational services to World War I patients. By the time World War II ended, recreational services made the transition to the medical setting. Military and veterans' hospitals expanded their services to provide programs and activities to all patients whatever their illnesses or disabilities.

Individuals with disabilities have always had a need for someone to provide recreational services. Although not called "activity directors," the scope of some

health care providers' jobs was the same. They provided activities that empowered and gave a feeling of self worth to the individual.

Roles of the Activity Director

The activity director plays the key role of enhancing life satisfaction and well-being of residents in the long-term care facility. Meaningful activities and a sense of continued involvement with family and community will help residents overcome their fears about living in the facility. Residents may fear separation from family and friends and fear they will be forgotten by family and friends. The activity program can improve residents' quality of life and quality of care. A well-run and creative activity program can change the entire environment of a facility, including staff attitude and morale.

The activity director has diverse roles within the long-term care facility. These roles differ from facility to facility, but all are directed at satisfying the goal of creating a homelike environment where the residents have control of their lives. Activity directors may have administrative responsibilities, resident care duties, and other tasks that keep the job interesting.

Being director of the activity department involves many administrative responsibilities. The activity director is responsible for policies and procedures that lead to programs that meet the residents' needs and meet all appropriate government regulations. Activity directors may also supervise all of the activity staff and volunteers within their facilities.

In resident care, the activity director is part of an interdisciplinary team consisting of members of the activity department, social services, dietary, nursing, housekeeping, maintenance, and administration. All departments work together to care for the individual resident. The activity director assesses residents, writes and carries out care plans for the activities, and updates the plans at appropriate intervals. The activity director assesses the residents to find out what their capabilities are and plans activities to maintain or enhance those capabilities.

Other tasks may include helping the resident council, publishing a newsletter, coordinating special events, sending out public service announcements, contacting local media (newspapers, radio stations, television stations), conducting community outings, and recruiting volunteers.

Settings That Utilize Activity Directors

A **senior center** is a place where older persons come together for services and activities. These services and activities enhance their dignity, support their independence, and encourage their involvement in the community. Senior centers provide recreation, education, and referral services. The most common recreational activities include **sedentary activities** such as cards, bingo, movies, spectator sports, and parties; **creative activities** such as arts and crafts, drama, and music; and **active recreation** such as dancing, sports, and exercise classes.

Adult day care refers to a variety of programs provided during the day in a protective group setting. Adult day care programs are for the frail elderly who continue to live in their homes. It provides opportunities for group experiences and services designed to maintain and improve their current level of functioning. Programs provide personal care, supervision,

and an organized program of activities, experiences, and therapies.

A **long-term care facility** offers an activity director the greatest opportunity for employment. Long-term care facilities provide care in an institutional setting for an extended period. These facilities provide emergency and ongoing medical services by nursing and rehabilitation staff and physicians. They also provide pharmaceutical, dietary, dental, social, and activity services.

Relationship of the Activity Director to Other Staff Members

The biggest barrier for activities professionals is overcoming the label of the "fun and games" person. Many staff members only see the activity director providing fun and games and think that it is a job that anyone can do. They do not see the countless hours it takes to organize a special event or the hours spent on care plans and progress notes.

The activity director should be aware of what staff in other departments think of the activity program. Also, he or she should be aware of the services that other staff members provide the residents. The activ-ity program's success is dependent on staff in other departments; activity staff must foster a good relationship with other facility staff. The following actions are ways to promote good relations:

1. Be friendly and open with everyone. SMILE!
2. Appreciate what others do and recognize their efforts.
3. Take the time to talk to other staff. Get to know them as people and not just workers. This "public relations" time will work wonders.
4. Learn names and use them.
5. Be sensitive to others' needs and problems.
6. Find out the chain of command that deals with problems. Sometimes, directly approaching a staff member is better than raising an issue with a supervisor. In other instances, working with a department head is better.

The most important staff relationship for the activity director is the relationship with the supervisor. For most activity directors, their supervisor is the administrator of the facility. Developing a good relationship with this person is essential. Having the support and confidence of the supervisor will help you to cope with difficulties and to resolve problems.

Clarify the facility's expectation of your position starting with the initial interview and the first day on the job. Know your responsibilities, duties, boundaries, and expectations of the position. Be assertive. Stand your ground, and do not let others dump responsibilities on you. Find out what is expected of the activity department and other facility departments. This will help solidify the importance of the activity department and will gain the respect of other department heads.

Qualities of a Professional Activity Director

Possessing the following qualities is important.

- *Effective communicator* - Activity directors interact daily with many people. The activity director should learn how to work and communicate with all types of people.

- *Dependable* - The residents and the facility depend on the activity director to provide quality activities on a

regular basis. The activity director must be able to create and follow a schedule of events.

- *Ethical* - The activity director must be trusted not to breach resident confidentiality. The long-term care facility is the home for many people. Only honest and trustworthy staff who respect the rights of clients can be trusted in the facility.

- *Empathetic* - All members of the long-term care facility staff should try to identify and understand other people's situations and feelings. Empathy means to understand another's feelings, thoughts, and experiences; to put yourself in that person's position.

- *Enthusiastic* - The activity director must be able to bring enthusiasm and cheer to the long-term care facility. He or she must be an outgoing person who enjoys communicating with and motivating people.

- *Creative* - Residents choose whether or not to participate in activities. Many people enjoy having several choices and variety in their daily activities. The activity director must provide a wide variety of activities to meet the variety of interests of the resident population.

- *Patient* - The activity director must be patient and supportive to help residents with different abilities to participate in activities.

- *Team player* - The facility has many staff members with different responsibilities for meeting the ongoing needs of residents. A successful facility staff works together as a team to meet residents' needs.

- *Flexible* - Planned events and activities may not run as smoothly as originally planned. The activity director must be able to redirect his or her energy to improve situations that are not going well.

Professional Image of an Activity Director

Long-term care activity directors are more than just the "fun and games" people, they represent a profession that directly affects the quality of life of residents. This job is an important one, not only in the facility, but also in meeting a societal responsibility to provide assistance and care to older people. The activity director in a long-term care facility is a professional, management-level position. This work stresses the importance of having management skills that will increase the effectiveness of the program, your value as a member of the health care team, and the importance of conducting yourself as a professional.

Projecting a professional image will give people inside and outside of the facility a positive perception of the profession. To improve current perceptions, activity directors must be aware of the factors that influence other people's perceptions.

An individual has only one opportunity to establish a first impression, which is why it is so important to present a positive image. During those crucial first minutes, people notice appearance, facial expressions, movement, tone of voice, and words.

A professional seeking to establish a strong identity should be concerned with all aspects of personal image and presentation in addition to knowledge and skills. Others' perception of you may affect their

opinion of your communication more than your presentation or message. It is not that words are unimportant, but if the listener does not like your appearance, body language, or something in your tone of voice, he or she may not care about what you say. People also focus on what they hear. Your voice, not including your actual words, transmits meaning during conversation. The voice adds characteristics, such as the rate of speech, loudness, pitch, tone, and articulation.

Personal appearance includes a person's physical features, makeup, and wardrobe. Dressing appropriately is the key. Your dress should fit your audience and individual responsibilities. Dressing for the resident council or a community group would differ from dressing for the residents' garden club. Personal appearance may be less important after a relationship is established or an impression has been formed. Yet no matter what stage a relationship is in, appearance is never completely disregarded. Appearances must be kept up or eventually others will change their opinion.

A professional image also refers to conduct at work. Being assertive, organized, caring, creative, and responsible are good attributes for activity professionals. They should also be good time managers, effective team members, and good listeners. Taking your job seriously is important. No one will expect perfection at the start of a new job, but they will judge your actions and efforts. A basic rule of professional self-image is: *First, act the part. Soon people will think of you as being that part. Before long you will become the part.*

Maintaining Job Satisfaction

One of the most common problems among activity directors is burnout. **Burnout** is physical or emotional exhaustion of strength or motivation from overwork, stress, or frustration. A little planning and help can reduce burnout. The first rule that the activity director should learn is not to do everything alone. Use volunteers in the facility; they are there to help. Delegate as much as possible to activity assistants, and if possible, to other staff or even residents. Learn to leave problems on the job at work. Maintain a healthy lifestyle and take care of yourself. Treasure leisure time and indulge in hobbies and other interests. Enroll in college classes and attend workshops and conferences on topics of interest related to the activity profession. Networking with other activity directors can also help relieve stress.

Professional Associations for Activity Directors

Becoming a member of a professional association will enhance your professional image. Professional affiliation offers advantages that include opportunities to network with other activity directors at association meetings. No one understands this job better than others who do the same work. Other activity directors understand the frustrations and successes of the profession.

Association members also benefit from sharing ideas. Most associations offer educational seminars that provide valuable information for this job. You will do a better job if you stay up-to-date on all of the latest information.

The following is a listing of associations related to activities and activity directors:

- Activities Directors Association of Missouri (ADAM) - This association was formed for idea sharing to provide the best possible activity program for each resident in a long-term care facility. The association has eight district chapters. Each chapter holds a bimonthly meeting that includes educational seminars and/or activity demonstrations. The association hosts an annual convention in the fall and a statewide workshop in the spring. To find out more information about ADAM, contact the activity directors at long-term care facilities in your area or region.

  ADAM members created a certification program for Missouri activity directors in the spring of 1995. The Missouri Certification Board, comprised of ADAM members, reviews applications to decide if activity directors meet the criteria to become certified. Becoming certified means that you have met standards related to education and experience as established by this group. Federal or state regulations currently do ***not*** require professional certification. Certification shows professionalism and recognizes an investment of time, education, and skills.

- National Association of Activity Professionals (NAAP) - Founded by activity professionals for activity professionals, the NAAP serves as a catalyst for both professional and personal growth and provides a national voice on aging and long-term issues. Its mission is to promote standards of excellence, provide support systems, foster research, and assure educational opportunities to its members. Membership is available to activity professionals currently employed as directors, coordinators, assistants or consultants in geriatric settings. Membership benefits include a monthly newsletter, reduced NAAP conference fees, and access to a job bank and curriculum directory. For more information, contact NAAP at (202) 289-0722 or write to NAAP, 1225 Eye Street, NW, Suite 300, Washington, DC 20005.

  An additional benefit to membership in NAAP is a reduced subscription to a quarterly journal, *Activities, Adaptations & Aging, the Journal of Activities Management.* The publication provides useful case studies, program evaluations, research, and theory for activity directors or coordinators and anyone concerned about enhancing the lives of the aged in long-term care facilities and community centers.

- Missouri Therapeutic Recreation Society (MTRS), a section of the Missouri Parks and Recreation Association (MPRA) - A state professional organization concerned with providing therapeutic recreational services to people with disabilities in a variety of settings, including long-term care facilities. Members must first join MPRA and mark MTRS in the interest section or affiliation. Membership includes two annual conferences and a subscription to the quarterly MPRA magazine. For more information write to: MPRA, 1203 Missouri Blvd., Jefferson City, MO 65109 or phone: 573-636-3828.

- National Certification Council for Activity Professionals (NCCAP) - This is a certifying body recognized by federal law and incorporated into many state regulations. NCCAP is the only national organization that exclusively certifies activity professionals who work with the elderly. The federal Omnibus Budget Reconciliation Act states that a

"qualified professional" must direct an activity department. One way to become a qualified professional is to become a Certified Activity Professional through NCCAP, which is recognized by the Health Care Financing Administration (HCFA). NCCAP certification assures administrators and surveyors that you have met certain professional standards of education and experience to become certified. For more information write to NCCAP, 526 King Street, Suite 423, Alexandria, VA 22314-3143.

Joining a professional association offers many benefits. Whether you become a member or not, networking with other activity directors is very important. Networking provides the opportunity to learn new ideas, share resources, and receive support. Being an activity director is a rewarding and challenging position. The work is fun and also has a very serious influence over resident life and the facility.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 2: Roles of the Activity Director

Activity Sheet

1. Name three significant contributors to the evolution of activities.

   a. _____

   b. _____

   c. _____

2. List five different roles of the activity director.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

3. List three different settings that may use an activity director.

   a. _____

   b. _____

   c. _____

4. What kind of relationship should the activity director have with staff members in other departments?

   _____

   _____

5. What is one of the biggest barriers an activity director must overcome when dealing with other staff?

   _____

   _____

6. How many opportunities do you have to establish a first impression?

   _____

7. List three things the activity director can do to prevent burnout and maintain job satisfaction.

   a. _____

   b. _____

   c. _____

8. List two benefits of being a member of a professional association.

   a. _____

   b. _____

Clinical/Laboratory Activities

1. Interview an activity director and staff members about their roles in a long-term care facility.

2. Interview an administrator or consultant about the role of the activity director.

3. Interview an activity director about different conferences and/or workshops they have attended. Ask them about professional organizations they belong to. Find out how to join.

4. Ask the activity director and other staff what they do to keep from "burning out" at their job.

5. Attend an ADAM meeting in your area to meet other activity directors and to see what that chapter has to offer you.

6. Observe the staff and volunteers at your facility. Note their body language and facial expressions as they interact with others.

Lesson 3: Regulations and Philosophy of Care

Objectives:

A. Compare and contrast the early philosophy of care to current care in long-term care facilities.

B. List examples of current trends that reflect the philosophy of long-term care.

C. Identify Missouri and federal regulations that apply to activities in long-term care facilities.

D. Utilize the regulations that apply to the activity director.

Key Terms:

- The Eden Alternative
- Ombudsman program

The Early Philosophy of Care

The early philosophy of care for the elderly paralleled the history of humankind. Care of the elderly and infirmed can be traced to the Hebrew, Egyptian, Greek, Roman, Persian, and Chinese cultures. Aged parents were honored and given positions of respect. Hebrew and Chinese children were responsible for providing care for their aging parents. Caring for aging parents became a religious tradition, a law, and the society was structured around this practice.

The decline of the Greek and Roman cultures and civilization characterizes the medieval period. Aged members of society were abused, cast aside, and generally neglected at this time. Because of the neglect, religious orders intervened and established refuges, known as almshouses, for the poor and frail elderly. The term "alms" means gift and is associated with a gift to a beggar. The almshouse became a dwelling for the indigent who depended on charity.

This practice continued until 1601 when the Elizabethan Poor Laws imposed the first legal responsibility on society to care for the aged and infirmed. Although life in the almshouses was not especially pleasant, it did offer relatively cheap and safe refuge for the elderly.

Settlers in colonial America established publicly sponsored almshouses based on the English model. These facilities provided the basic needs for those individuals, who could not care for themselves, did not have families, and who would be a burden to their neighbors. Life was also not pleasant in these facilities. The facilities were often placed in isolated areas but did provide a place for these individuals to reside. By the mid-1880s, specialized institutions were established for various segments of the almshouse population. Facilities were created for orphans, the mentally ill, the mentally disabled, criminals, and the blind. These groups found improved living conditions and better understanding of their particular problems. However, the elderly were still confined to the almshouses.

The enactment of the Social Security Act of 1935 offered a solution to the problem. This act lessened the financial burden of local government to care for the aged. The main purpose of this act was to provide federal old-age assistance to the elderly who lived at home or with others. Homeowners were compensated for opening their homes to the elderly, but a high level of care was still not a concern. Reformers soon realized that the

enactment of the Social Security Act did not ensure older people living in homes were receiving the specialized care that they required. Private, for-profit boarding homes were established so that the older people could receive the care they needed. Eventually nurses and other staff were added. These boarding homes became nursing homes.

Nursing homes were still rooming homes that provided meals. No regulations were available to guide owners, who were frequently the sole employees. Many nursing home owners were motivated by money that they would receive for taking care of residents. As residents' ailments increased, they were confined in bed because it was much easier to care for them. One known case had the cook-proprietor and one relief assistant taking care of more than 20 bedridden patients.

The number of nursing homes continued to grow. This was due to increased federal assistance, an increased life expectancy, and an increased population of older people. Conditions in the nursing home industry remained the same as late as the 1950s. As various state, local, and voluntary groups increased the efforts for regulation, change slowly began and improved steadily. This was accomplished through statute, agreement, instruction, threats, and even appeals to the owner's conscience. In some states for example, financial aid was given only if a code of standards was agreed to with a written contract.

The Current Philosophy of Care

Today, long-term care facilities must comply with stronger state and federal regulations. These regulations were put in place because nursing homes were found to have inadequate facilities and programs, and restrictive institutional rules that did not respect resident privacy and dignity. Current philosophy of long-term care includes meeting more than just the physical needs of residents. Long-term care facilities must now consider factors that contribute to residents' quality of life.

The Eden Alternative philosophy is a new approach to management of a long-term care facility. The Eden Alternative looks at the three major problems of a nursing home: boredom, loneliness, and helplessness and attempts to eliminate these problems. This approach gives residents the opportunity for companionship, caring for others, variety, and spontaneity. It does this by introducing animals, plants, and children into the environment of the residents.

The environment of the long-term care facility plays an important role in the physical, mental, and spiritual well-being of the residents. A sterile environment that smells of disinfectant may increase residents' feelings of boredom, loneliness, and helplessness. It is important to the residents that the long-term care facility is a home . . . their home. Residents are allowed to add personal touches to their rooms. Personal touches could be family pictures, pictures from the resident's past, knickknacks made by grandchildren, or other possessions brought from home.

The facility should also have a homelike decor. Abundant plants and a few animals wandering the halls may offer the opportunity for residents to express love and affection and receive love and affection in return. Wall hangings should not be generic pictures, but should be pictures that will stimulate discussion. Residents should have access to the local newspaper.

Residents are also empowered to make decisions. Residents are given the

opportunity to create the meal menu. They can create or change policy and procedures through the resident council and are involved in their own individual care plan.

Residents may become more active in a homelike environment with an activity program geared to meet their needs. Activities should meet residents' physical needs with different exercise programs and sporting events, such as bowling, horseshoes, and volleyball. Activities should be offered to stimulate intellectual growth, such as classes from local extension agents, university professors, and family members of the residents. Residents should have places where they can have peace of mind in a safe and secure environment.

Federal Regulations for Activities in Long-Term Care Facilities

Because of the problems that the long-term care industry faced (e.g., inadequate facilities and programs, restrictions on residents, excessive use of restraints), state and federal regulations were passed to insure that long-term care facilities were providing the highest quality of care for the residents. The federal and state rights of residents are provided in the *Health Care Assistant Core* curriculum. The activity director should know and respect all residents' rights. Recent regulations will be available from the long-term care facility.

The Health Care Financing Administration (HCFA)

The Health Care Financing Administration (HCFA) recommended changes to federal requirements based on a study of long-term care facilities that found more than one-third of the facilities provided substandard care. In 1987 Congress enacted the first law to mandate criteria for quality care in long-term care facilities. These mandates, or laws, are found in the Omnibus Budget Reconciliation Act (OBRA). The goal of OBRA was for long-term care facilities to provide an environment where each resident could achieve and maintain the highest level of physical, mental, and psychosocial well-being. The impact of OBRA was truly significant. Residents are now empowered to make choices regarding meals, desired activities, and room decorations. Residents are being restrained less by chemical and physical restraints. The average use of restraints on residents dropped from 40 percent to 20 percent. Formal grievance procedures and resident councils were also formed to address resident concerns and complaints. These complaints must be addressed by the administration of the long-term care facility.

As of October 1990, OBRA stipulates that all long-term care facilities in the United States that are federally certified to receive funding from Medicare must comply with the new federal regulations. These regulations changed the emphasis of federal policy from emphasizing the quality of nursing care to realizing that the quality of every aspect of the resident's life was important. These new regulations placed the emphasis on the individual and how long-term care staff provide personal respect, a homelike environment, and care. Significant changes in the work of activity and social service professionals have also resulted from the OBRA regulations. These regulations are guidelines that the activity director should follow. Each facility may have their own individual guidelines for the activity director to follow.

Occupational Safety and Health Administration

The Occupational Safety and Health Administration (OSHA) establishes guidelines that protect all American workers from injury or illness at the work site. OSHA currently has an initiative to address safety concerns in long-term care facilities. Safety issues include:

- handling, storing, managing, and disposing of hazardous materials (cleaning chemicals, oxygen, craft supplies or materials),
- handling, managing, and disposing of regulated waste and materials contaminated with infectious pathogens
- electrical safety and hazard prevention,
- walking and working surfaces (wet floors),
- back injury prevention and other ergonomic issues (resident lifting),
- fire prevention and protection and disaster preparedness and response,
- preventing workplace violence (injuries inflicted by residents, resident family members, or coworkers),
- reporting unsafe conditions,
- infection control precautions, and
- Material Safety Data Sheets (MSDS) and other resources for information about chemicals.

Employers must provide a health and safety program to employees to train them regarding hazards in the workplace and relevant safety and health regulations.

Figure 3.1 - State Regulations from the *Long-Term Licensure Law and Rules* Manual

> (100) A facility employee will be designated as responsible for the activity program. The designated person will be capable of identifying activity needs of residents, designing and implementing programs to maintain or increase, or both, the resident's capability in activities of daily living and activity programs shall be provided on a regular basis. Each resident shall have a planned activity program which includes individualized activities, group activities and activities outside the facility as appropriate to his/her needs and interest.
>
> (101) Adequate space and equipment for the identified activity needs of residents will be provided and used by and within the facility.
>
> (102) The facility shall establish and maintain a program for informing all residents in advance of what activities are available, where the activity will be held and at what time the activity will be held.
>
> (103) Documentation of any changes in activity participation will be noted in the resident's record and a summary notation will be made semiannually of activity participation.

Missouri Regulations for Activities in Long-Term Care Facilities

The Missouri Division of Aging was established by executive order in 1979 and is responsible for federal and state funded services for older persons. The mission of the Division of Aging is to "promote, maintain, and improve the quality of life for Missouri's senior/aging and disabled citizens and their families so they may live with dignity and respect."

The institutional services program of the Division of Aging is responsible for ensuring the safety, health, welfare, and rights of persons residing in long-term care facilities. The Division of Aging conducts licensure inspections, monitors the quality

Figure 3.2 - Interpretive Guidelines

F248

(1) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.

Because the activities program should occur within the context of each resident's comprehensive assessment and care plan, it should be multi-faceted and reflect each individual resident's needs. Therefore, the activities program should provide stimulation or solace; promote physical, cognitive and/or emotional health; enhance, to the extent practicable, each resident's physical and mental status; and promote each resident's self-respect by providing, for example, activities that support self-expression and choice.

Activities can occur at any time and are not limited to formal activities being provided by activity staff. Others involved may be any facility staff, volunteers, and visitors.

Observe individual, group, and bedside activities.

1. Are residents who are confined or choose to remain in their rooms provided with in-room activities in keeping with life-long interests (e.g., music, reading, visits with individuals who share their interests or reasonable attempts to connect the resident with such individuals) and in-room projects they can work on independently? Do any facility staff members assist the resident with activities he or she can pursue independently?

2. If residents sit for long periods of time with no apparently meaningful activities, is the cause:
   a. Resident choice;
   b. Failure of any staff or volunteers either to inform residents when activities are occurring or to encourage resident involvement in activities;
   c. Lack of assistance with ambulation;
   d. Lack of sufficient supplies and/or staff to facilitate attendance and participation in the activity program.
   e. Program design that fails to reflect the interests or ability levels of residents, such as activities that are too complex?

For residents selected for a compre-hensive review, or a focused review, as appropriate, determine to what extent the activities reflect the individual resident's assessment. (See especially MDS 181.1 and Sections B, C, D, and E, MDS version 2.0 sections AC, B, C, D, and M.)

Review the activity calendar for the month prior to the survey to deter-mine if the formal activity program:

- Reflects the schedules, choices, and rights of the residents;
- Offers activities at hours convenient to the residents (e.g., morning, afternoon, and some evenings and weekends);
- Reflects the cultural and religious interests of the resident population, and;
- Would appeal to both men and women and all age groups living in the facility.

Review clinical records and activity attendance records of residents receiving a comprehensive review, or a focused review, as appropriate, to determine if:

- Activities reflect individual resident history indicated by the comprehensive assessment;
- Care plans address activities that are appropriate for each resident based on the com-prehensive assessment;
- Activities occur as planned, and;
- Outcomes/responses to activities interventions are identified in the progress notes of each resident.

F248 (2) The activities program must be directed by a qualified professional who -
- (i) Is a qualified therapeutic recreation specialist or an activities professional who -
- (A) Is licensed or registered, if applicable, by the State in which practicing; and
- (B) Is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or

F249 (ii) Has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or
- (iii) Is a qualified occupational therapist or occupational therapy assistant; or
- (iv) Has completed a training course approved by the State.

"A recognized accrediting body" refers to those organizations or associations recognized as such by certified thera-peutic recreation specialists or certified activity professionals or registered occupational therapists.
If there are problems with the provision of activities, determine if these services are provided by qualified staff.

of care, conducts utilization reviews and complaint investigations, and initiates legal actions when facilities are found to be in non-compliance with state or federal regulations.

The Division of Aging also provides service programs that provide a community-based system of care for the elderly and handicapped and social and protective services that investigate elderly abuse, neglect, and exploitation cases.

Figure 3.1 lists the state regulations from the *Long-Term Licensure Law and Rules* manual regarding activity programs in Missouri long-term care facilities.

Figure 3.2 lists interpretive guidelines that the Missouri Division of Aging uses to assess activity programs in long-term care facilities.

Area Agencies on Aging (AAA)

The Area Agencies on Aging (AAA) were organized following amendments in 1973 to the federal Older American Act. These agencies plan and develop services for seniors including the long-term care facility **ombudsman program**. The ombudsman program is a free and confidential service that protects the rights of residents in long-term care facilities. The Missouri Long-Term Care Ombudsman Program is comprised of individuals whose main responsibility is to help residents in long-term care facilities maintain or improve their quality of life by ensuring their rights are not violated. It provides the residents a way to solve problems and handle complaints. The ombudsman is a person assigned to a specific long-term care facility in the community. He or she is responsible for talking to residents, helping them resolve problems, and being a friend outside the facility.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written evaluation for this unit. A score of at least 80 percent indicates you may proceed to the next unit.

Lesson 3: Regulations and Philosophy of Care

Activity Sheet

1. What did the 1935 Social Security Act do?

   _____

   _____

   _____

2. What is new about the current trend in philosophy of long-term care compared to the way many nursing homes operated prior to the 1950s?

   _____

   _____

   _____

3. The facility environment affects the physical, mental, and spiritual well-being of residents. List three examples of ways to improve the facility environmental for residents.

   a. _____

   b. _____

   c. _____

4. What is HCFA, and what did it do?

   _____

   _____

   _____

5. What is OBRA, and what is its purpose? What facilities must comply with OBRA?

   _____

   _____

   _____

6. List three resident rights protected under OBRA.

   a. _____

   b. _____

   c. _____

7. What is OSHA? What does OSHA do?

   _____

   _____

   _____

8. List three safety issues in a long-term care facility discussed under OSHA guidelines.

   a. _____

   b. _____

   c. _____

9. What are three responsibilities that the Missouri Division of Aging has for long-term care facilities?

   a. _____

   b. _____

   c. _____

10. List three regulations regarding activity programs from the *Long-Term Licensure Law and Rules* manual.

    a. _____

    _____

    b. _____

    _____

    c. _____

    _____

11. How does the Division of Aging access a facility for compliance with the following guideline? List four examples.

    "The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident."

    a. _____

    _____

    b. _____

    _____

    c. _____

    _____

    d. _____

    _____

12. What is the ombudsman program, and what agency provides for this service?

    _____

    _____

    _____

    _____

Clinical/Laboratory Activities

1. Ask an activity director to discuss regulations for the activity program with you. Write a brief report summarizing these regulations.

2. Discuss OSHA safety guidelines with an activity director. Find out how OSHA regulations are met within the activity program and throughout the long-term care facility.

3. Make observations at a long-term care facility. Are residents allowed to add personal touches to their rooms? Are the residents involved in the activity planning process? Do the residents plan their meals? Is the facility someplace that you would like to live? Write a report about what you find.

Unit Checklist

Student Name _____ Overall Unit Rating_____

Activity Sheet: Quality of Life and Leisure Rating _____

Comments: _____

_____

_____

Activity Sheet: Roles of the Activity Director Rating _____

Comments: _____

_____

Activity Sheet: Regulations and Philosophy of Care Rating _____

Comments: _____

_____

_____

Written Unit Evaluation Score _____

Additional Comments: _____

_____

_____

Teacher Signature _____ Date _____

Student Signature _____ Date _____

Unit II

Psychosocial Needs of Adults

This unit discusses life changes that occur as a person ages. To provide activities appropriately, the activity director must consider the psychosocial needs and individual preferences of residents. He or she must recognize situations that require putting the needs of residents before his or her own convenience. The activity director must also be aware of common problems of residents, such as problem behaviors and mental disorders.

Unit Lessons

Common Life Changes in Adulthood

Resident Preferences and Needs

Common Mental Disorders

Lesson 1:
Common Life Changes in Adulthood

Objectives:

A. Compare and contrast the changes in adult stages.

B. Identify the changing roles of adulthood.

C. Describe how support systems change as people age.

D. List factors that contribute to feelings of loss, helplessness, boredom, and loneliness.

E. Describe how the environment and activity program can help alleviate feelings of loss, helplessness, boredom, and loneliness.

Key Terms:

- Early adult
- Middle age
- Later maturity
- Old age

Adult Stages

In the *Health Care Assistant Core* curriculum, life stages were described by physical, mental and social changes that occurred in four stages of the aging process: infancy to late childhood, adolescence to early adulthood, and middle to late adulthood. This lesson refers to stages called early adult, middle age, later maturity, and old age.

A combination of physical and social attributes categorize people into broad adult stages during which adults share certain qualities that most people achieve around the same age. The actual age of a person does not necessarily determine that person's stage. For instance, adults show characteristics of old age at different ages. One person could be in the old age stage at the age of 55, while someone aged 85 could still be in the later maturity stage.

Psychoanalyst Erik Erikson separated developmental stages by tasks that had to be mastered. The task of the **early adult** stage involves learning to develop close personal relationships or intimacy. A person develops intimacy by connecting his or her identity with that of another person's. This stage involves choices in marital relationships. Many people begin families and careers in this first adult stage. Enjoying physical health and vigor at this stage of life is common.

Erikson said adults in the **middle age** stage seek satisfaction through productivity in career, family, and civic interests. Middle age is also the stage when people become part of the aging population. It usually begins around age 40 although this depends on when people or those around them perceive that they are middle-aged. During this life stage most people become aware of their own physical changes. Many middle-aged people notice declining vision and hearing. Some people notice reduced energy and the need for longer recovery after exertion. Middle-aged adults are often excited about the challenges of life. They feel they can make a difference in the world. Social transitions at home and on the job mark this stage. Children leave home, married couples often grow closer, homemakers may join the workforce, and some workers change jobs in mid-career or choose early retirement. Many changes in middle age are positive, while some involve irreplaceable loss. Middle-aged adults often experience the death of someone

close to them, a parent, and sometimes a spouse.

Later maturity is a stage usually considered to begin when a person is in their early 60s. Physical functions continue to decline and chronic illness becomes more common. Major social changes include retirement and the deaths of friends and relatives. These changes reduce a person's social circle and require a period of adjustment. Most people remain physically active in later maturity and enjoy their new freedom from responsibilities.

Extreme physical frailty is a characteristic of **old age**. Old age typically begins when a person is in his or her late 70s. Most people have greatly reduced activity during this stage. Mental processes slow down, and people spend time thinking of their past and trying to find meaning in their lives. Deaths of friends and relatives and the person's own disabilities may reduce social networks. Physical frailty may require a move to a long-term care facility. A tendency in old age is to accept the world as it exists and to be less aggressive and competitive. The tasks that Erikson listed for the final life stage include reviewing life accomplishments, dealing with losses, and preparing for death.

Changing Roles of Adulthood

Society often views people according to their social roles. In the progression of life, adult roles may include being single, employed, married, a parent of young children, in an "empty nest," retired, widowed, and a long-term survivor, which is when most of one's peers have died.

A person needs social roles for identity and to maintain a positive self-image. Older people often become disengaged from the activities and social roles that have been critical components of their self-identity. Retirement is the loss of an important social role and may mean a shift to a lower social status. Without coworkers to chat with every day, many retired people are left with few, if any, regular contacts. When they do meet people, they must find a new answer to the common question, "What do you do?"

The roles no longer played by an individual can still be a source of identity. Role loss need not affect an older person's self-concept. With adequate health and resources, some people enjoy new opportunities. A reward of having fewer demands from family and work is more freedom to choose one's roles and activities. More free time allows a person to pursue interests, hobbies, and deeper relationships.

Many older people are now free to fill different social roles and tasks that enhance their families, friendships, and communities. Programs are available in many communities that support older people and encourage them to stay active.

Changing Support Systems

As roles change with age, many of these support systems change. Middle-aged people typically have strong support systems. Employment offers the opportunity for regular communication with coworkers. Most jobs offer insurance benefits and a paycheck. Middle-aged people usually own and drive cars and still live in a family setting. Most are in good health and enjoy visits with friends, siblings, and parents. Adequate hearing allows phone conversations. Membership in social and professional organizations is common. For many, church is a source of strong support.

Retirement may reduce income, benefits, and social interaction. In old age, poor health, eye sight, and income may force a person to stop driving. Not only have parents died, many spouses, siblings, friends, neighbors, and even children have passed away. Neighborhoods may no longer offer the support and security that they once provided. Telephone use may be restricted due to poor hearing.

Some older people find themselves living alone in apartments or houses in rundown neighborhoods. Fear of being mugged, robbed, or victimized causes many to remain isolated. Isolated elders are often lonely. Fewer people are available to offer emotional support. If a resident does have relatives and friends, they may live far away.

Alleviating Feelings of Loss, Loneliness, Helplessness, and Boredom

Becoming a long-term care resident usually increases a person's feelings of loneliness, helplessness, boredom, and loss that began while still living independently. New residents have additional adjustment challenges. Workers need to approach each resident with respect as they sincerely attempt to understand their needs.

Losses

Contributors to feelings of loss may include the following.

- Forced retirement
- Reduced income
- Loss of loved ones
- Perception that life and dreams have faded
- Negative image of the aging process
- Decline in personal appearance

Besides the typical losses related to aging, a resident of a long-term care facility may experience additional losses due to major lifestyle changes.

- Loss of home, familiar surroundings, and other prized possessions
- Loss of decision-making power with finances and daily activities
- Loss of driver's license
- Loss of control over room temperature, meal schedules, and TV channels
- Loss of privacy (unlocked doors, shared room, no way to avoid people)
- Reduced human contacts (physical contact, social interaction)
- Reduced beauty in surroundings
- Decreased individual identity

Suggestions for relieving feelings of loss include offering opportunities that promote self-confidence and allowing residents to control their lives.

- Help residents to maintain contact with friends and relatives.
- Help residents to develop new relationships which may eventually help residents deal with losing their loved ones.
- Encourage residents to participate in activities that maintain past lifestyles.
- Make residents' rooms and environment as homelike as possible. Encourage residents to bring furniture and decorations from home.
- Create a friendly atmosphere to help residents feel more comfortable. Promote entertaining and socializing events.
- Offering experiences so that residents gain a sense of worth, learn new skills and information, and develop new, meaningful social roles may help residents cope with loss.
- Remember and celebrate past successes. Audio or video tape residents' personal histories. This will give them a way to communicate, a social

connection, and help them to celebrate their past.
- Allowing residents time to grieve their losses is also essential.
- Provide grooming and glamorizing services to help residents look their best.
- Always respect residents' privacy. Knock and announce yourself before entering their rooms.

Loneliness

Many factors contribute to an older person's feelings of loneliness, including:

- Lack of, or reduced, human contact and
- Lack of, or reduced, supportive relationships.

Companionship is needed to combat loneliness. Examples of opportunities that may provide companionship for some residents include:

- Continuing residents' contacts with friends and relatives from the community and encouraging visits as often as possible. Make sure activities are well-publicized so that family and friends can be there. Assist residents with letters and phone calls to friends and relatives.

- Receiving attention from the activity staff. If someone is terminally ill and unable to participate in group programs, meaningful activity should still be provided. For example, a massage is a soothing relief for residents. Many may have not received a tender touch for several years. Massage therapists may train others to provide this service. Hand, arm, and foot massages are beneficial and quite easy. When lotion is used, the scent provides additional sensory stimulation.

- Bringing visitors, pets, and plants to the rooms of room-bound residents may help relieve loneliness. Help residents to make social connections. Make their rooms inviting to enter and post enough information about the resident to inspire conversation. Many well-meaning visitors just need something to talk about. Projects should be displayed in a way that looks age appropriate.

- Having contact with children through family visits or partnerships with area schools and preschools may help some residents feel less lonely.

- Having contact with facility pets may also provide a sense of companionship. Dogs can be comforting companions and good walking partners. A sleeping cat may create a cozy feeling. Some residents have their own bird "roommates." Daily bird care brings a staff member in the room for an extra visit each day.

- Having contact with other residents is a good opportunity for companionship. Help the residents get to know each other so that new friendships may develop. Honor residents on birthdays by posting their pictures with a brief biography to let other people know more about them.

- Connecting to the world outside the facility through the Internet, radio, television, or community programs may help some residents.

- Providing activities that give residents a sense of acceptance and self-worth may help residents with loneliness. When a new resident feels accepted, he or she is more likely to venture out of the room and seek companionship.

Helplessness

Many factors contribute to an older person's feelings of helplessness.

- Fear of abandonment
- Fear of surviving alone in a threatening, hostile world
- Fear of being isolated and unable to obtain emotional warmth and support
- Fear for personal safety
- Frustration and anger from being unable change their condition
- Feeling stuck in a current situation because of health or income restrictions
- Being unable to replace lost roles and relationships
- Feeling useless from being unable to care for self

Feeling needed is important to everyone. Feelings of helplessness are relieved when a resident who is receiving care is also able to give care. Suggestions for preventing helplessness include providing residents with opportunities to give and receive care and feel useful.

- Visiting other residents is a good way for residents to feel that they are being helpful.

- Participating in a resident "grandparent" program with local school children may help some residents. The relationships that residents develop with the children may help them develop meaningful new relationships and feel needed. Children who visit residents may be grateful for the attention and care given them by the residents. In turn, the residents may enjoy interacting with and offering support to the children.

- Caring for facility pets and plants is one way to feel helpful. Caring for living things may also allow residents to give and receive care and feel useful. A pet bird may be enjoyed by many people.

- Being successful at learning or relearning skills that are meaningful to residents may reduce feelings of helplessness. Meaningful work helps combat feelings of helplessness and making useful items helps a person feel productive.

- Making choices reduces feelings of helplessness. Invite a local store to set up shop in the facility. Residents can shop for themselves and choose what to buy. The facility can also set up a cart to be pushed from room to room with small items available to purchase.

- Allow residents to do as much for themselves as possible.

Boredom

Many factors contribute to an older person's feelings of boredom, including the following.

- Being isolated because of fear of the dangers beyond their homes.
- Having only limited involvement with religion, hobbies, pets, television, and other interests.
- Lacking pleasant interaction, variety, or spontaneity in one's life.

Some suggestions for preventing boredom follow.

- Allow time for spontaneous activities in the activity schedule.

- Develop a more natural homelike environment. Whereas hospitals are predictably white, homelike decor includes a variety of colors. Residents

should have curtains, bedspreads, or wall hangings that add color to their environment. Encourage residents to bring familiar furniture and mementos from home for their rooms.

- Schedule children to visit the facility. Children may add variety and spontaneity to the facility for some residents. Visits need to be well-planned and both children and residents need to know what to expect. Planned activities with children should allow both age groups to participate. Instead of having children visit only to perform for the residents, encourage activities that allow interaction. Host a story hour for children in which residents read aloud, or have children bring in a stamp, rock, or coin collec-tion to discuss with a collector's group. Invite a scout troop to hold its meet-ings in the facility. These groups may also be willing to join the residents for special holiday celebrations and other inter-generational programs. Encour-age a local elementary class to "adopt" grandparents in the facility. Schedule weekly phone calls or visits that both the child and the senior can anticipate. Many on-going friendships have started this way. Provide a Santa answering service for young children to call or write to Santa Claus.

- Make the facility's environment interesting to children. A playground outside and things for children to do inside can make a long-term care facility a place where children want to visit. An attached day care center allows mutual visits between residents and children. Staff will visit more often with residents during their off-time when their children feel welcome, as well.

- Introduce animals into the facility. Animals may provide interesting topics for discussion. Birds provide com-panionship and spontaneity. Aviaries can be a focal point for social gather-ings, where residents can observe the constant change, population growth, and movement of the birds. Singing birds may provide residents with relief from the often unpleasant sounds of a long-term care facility. Songbird cages can be adapted for residents' rooms and facility hallways. Trained dogs make a facility seem more homelike for many residents. Personal pets should not be allowed, except for visits, since they are usually only loyal to their owners. Cats also add variety to a facility. Other animals to consider introducing to the long-term care facility are chickens, goats, rabbits, and fish. Although animals do make a facility more homelike, the introduction of any animal requires prior planning. Arrangements must be made for daily care as well as check-ups by a local veterinarian.

- Add plants to enhance the facility environment and cleanse the air. Residents can observe the plants' growth. Some residents enjoy caring for their own plants. Make sure the plants are nonpoisonous. Indoor plants and outdoor gardens add beauty and growth. Outdoor flower and vegetable gardens are pleasing to see, and for some residents gardening is therapeutic work. The progress from early spring through harvest may help residents stay in tune to the seasons.

- Offer activities that replace boredom with exhilaration and pleasure and promote personal growth. Some residents enjoy group activities while others prefer independent activities

such as reading, gardening, walking, and crafts. Residents who choose to or must stay in their rooms can stay busy with daily bedside activities. Having a project to work on at any time may help reduce many residents' feelings of boredom.

- Bring in visitors or interesting items to help relieve boredom of room-bound residents. Sometimes the most meaningful activity is a good conversation, either one-to-one or in a group. Daily room visits help break up the monotony of lying in bed.

- Help each resident to connect with nature. The view of the garden from one's bed does much to combat boredom. Improve window views by planting trees outside and arranging bird and squirrel feeders for residents to watch. Offer opportunities to connect with nature through walks, gardening, and contact with animals.

Residents often experience feelings of loneliness, helplessness, loss, and boredom. Meaningful activities can help reduce these feelings. Residents need a wide variety of options, the choice to participate, and open access to information. A person's happiness, health, and possibly longer life are all connected to his or her active engagement in meaningful activity and feelings of usefulness.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 1: Common Life Changes in Adulthood

Activity Sheet

1. List and describe each of the adult stages described in this lesson.

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

   d. _____

   _____

2. List three role changes a person may experience during adulthood.

   a. _____

   b. _____

   c. _____

3. List three support systems and describe how each may change as a person ages.

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

4. List two factors that contribute to each of the following feelings a resident may experience.

   Losses

   a. _____

   b. _____

   Loneliness

   a. _____

   b. _____

   Helplessness

   a. _____

   b. _____

   Boredom

   a. _____

   b. _____

5. List two ways to help residents relieve the following feelings.

   Losses

   a. _____

   b. _____

   Loneliness

   a. _____

   b. _____

   Helplessness

   a. _____

   b. _____

Boredom

a. _____

b. _____

Clinical/Laboratory Activities

1. Simulate disabilities common in old age. Choose one or more of these disabilities and spend time doing normal activities. Report how you and those around you were affected by the disability.

Acquired disability	To simulate
Vaseline on the lenses of glasses	Poor vision
Cardboard glasses with small holes	Tunnel vision
Cotton balls in ears	Poor hearing
Splint and ace bandage around ankle	Swollen ankles and limited mobility
Surgical gloves	Arthritic hands
Masking tape on mouth	Speech impairment
Cover eye with cotton ball and tape	Blind in one eye

2. If the opportunity is available, attend a discussion group led by a social worker in which residents are discussing their adjustment to the facility.

3. Attend a resident council meeting in the facility.

Lesson 2:
Resident Preferences and Needs

Objectives:

A. Identify how cultural, gender, and age differences affect individual preferences.

B. Explain how the realization of mortality affects the individual's motivation to participate in activities.

C. Respect residents' rights to make choices about participation in activities.

D. Demonstrate a sensitivity to the needs of others and self.

E. Differentiate residents' needs from the needs of the activity director.

F. Identify possible sources of problem behavior.

G. Identify how a family's response to the resident's decline of functioning impacts the resident's involvement in activities.

Resident Preferences

How Culture Affects Individual Preferences

Each region, neighborhood, and family in the United States has a unique set of customs, or culture. A person's culture is influenced by where and when he or she lives. Each person's culture is a combination of his or her unique experiences. A person's cultural heritage affects his or her ideas, habits, skills, musical preferences, and artistic expression. Cultural differences such as ethnic background, income level, and geographic location may affect a person's desire for control or for social contact within a certain group.

Residents may have preconceived opinions or prejudices about people who are different. Residents and staff include people from different cultures, which requires understanding from all involved with the long-term care facility. Activity programs offer personal contact in social settings that can reveal similarities instead of obvious differences. Some people may never overcome their prejudices, but may develop a tolerance for those who are different. Activity staff may need to make careful seating plans and selections of group participants to allow everyone to enjoy the activity.

Americans recognize many diverse cultural heritages with celebrations such as (German) Oktoberfest, (Irish) St. Patrick's day, and (Spanish) Cinco de Mayo. Festivals celebrating residents' diverse cultural backgrounds help people understand each other. Music and dancing may stimulate the entire group to participate. The opportunity to share cultural memories with others can open lines of communication and help residents feel more at home.

How Gender Affects Individual Preferences

Although not planned, people at social gatherings often end up separating by gender. This is a natural and comfortable grouping that should be allowed in long-term care facilities. Activities separated or mixed by gender should be offered to residents' according to their past lifestyles.

For the majority of residents living in long-term care facilities today, work was separated for women and men. Women often worked inside and men outside.

Social activities such as dancing brought men and women together. Throughout their lives, many men and women interacted in discussion and recreation groups separated by gender.

An example of a difference in socialization preference has been noted between men and women. Although not true for everyone, it has been observed among seniors that men and women often adapt differently to the loss of spouses. Some men reestablish social intimacy only by remarrying, while some women find satisfying companionship with friends and relatives.

How Age Differences Affect Individual Preferences

People may become less active with age for several reasons, some of which may not be medically related. Society often excludes older people from important responsibilities. Older people may also choose to withdraw. A person's feeling of inferiority often increases between mid-life and old age and may make the person more afraid of humiliation. Some older people become preoccupied with bodily functions, medications, and special diets. Some may spend most their time thinking about or discussing their ailments and worries.

Though residents may appear inactive, their thoughts may be very active. Some elderly may be busy remembering and justifying their lives. They may be reliving the past in their minds in an attempt to discover if their lives were worthwhile.

Older people may be more cautious because they fear injuring themselves. Staff must respect residents' feelings and try to reduce their fears. Describing an upcoming activity in advance lets residents assess whether it is something they would like to attend. If a resident expresses concern about his or her ability to do an activity, the activity staff should suggest that the person come and watch the activity. By offering the opportunity to observe the activity, the staff will establish trust with the resident. Always use safety measures to prevent falls and avoid embarrassing situations.

How the Realization of Mortality Affects Participation in Activities

People review their lives as they prepare to die. If a person is actively dealing with feelings about the past, he or she may not be interested in planned group activities. Allow residents to express their feelings in an accepting, empathetic, private setting. If offered an outlet and opportunity to vent feelings, the person may be able to get beyond focusing on memories to live in the present time again. To make a positive adjustment, the person may only need temporary assistance and support from a qualified counselor.

Residents who know they will die soon need time to think and to talk about their losses. After that, they are often able to discuss the end of their lives with a quiet acceptance. They may seem weak and tired, dozing at brief intervals in this phase. This is usually not a happy time, and they may not express intense feelings. Shortly before death, residents may not want visitors. Their personal interests also may diminish.

Respect Residents' Choice of Activities

Always allow residents to choose or refuse activity participation. Joining a new group is not easy for everyone. Each resident must assume responsibility for personal growth. With education, counseling,

training, and the support and guidance of the staff, residents can choose meaningful, appropriate goals. Be sure to help residents modify goals as their circumstances change.

A well-directed activity program provides both the opportunity to use new and existing skills, and the motivation to continue to use one's mind. A successful activity often satisfies a person's needs for mental stimulation, socialization, and health. Some residents may prefer to have a leadership role or to use certain skills or abilities to help the group. The person may become more socially comfortable when others show their appreciation.

Residents should continue their past interests if desired. Activities should draw from lifetime experiences and should also encourage emotional, social, intellectual, and spiritual growth. Individual activity assessments offer a record of each resident's experience and current interests.

Appropriate activities are constructive outlets for residents' energies. Activities also help residents cope with and adjust to their new environment. On the other hand, some residents would rather stay in their room to avoid activities that they view as meaningless.

It is not always easy for facility staff to meet the individual needs of residents. Everyone working in the long-term care facility must work hard to recognize and provide the services required by each resident. See Table 2.1 on following page for examples of when residents' needs conflict with the needs of staff members.

Respect the Needs of Others

Everyone has basic needs that include safety, self worth, respect, and a feeling of being productive, useful, and loved. A person must feel that his or her safety is assured before he or she can pursue creative interests. Freedom from mental or physical abuse, financial exploitation, and neglect are all necessary for personal safety.

Activity programs create situations that meet social needs. A person forms feelings of self-worth when he or she knows his or her importance to others. Having one-to-one conversations may help a person feel productive, useful, and loved. When residents feel respected and admired for their wisdom and experiences, they are usually eager to share. Even if a person is unable to participate in a group actively, he or she can feel useful by participating in meaningful discussions. Discussions let residents listen, show concern for others, and give helpful advice.

Treat people of all ages with respect. Talking about a person in a negative way is never polite. Never discuss a person within that person's hearing distance even if you think the person cannot hear or comprehend the conversation. If this conversation is necessary, it should be done in private and kept confidential.

Sources of Problem Behavior

Problem behavior is difficult or troublesome behavior for people who are around the person exhibiting the behavior. While some individuals just have difficult personalities, there are many reasons for residents to display problem behaviors. Problem behaviors may be symptoms of a problem that is beyond the resident's control. These symptoms are a warning signal, telling the staff that something is wrong. The cause of the problem must be investigated and eliminated.

Table 2.1 - Resident Needs Compared to Activity Staff Needs

Resident Needs Compared to Activity Staff Needs	
Resident Need	Activity Staff Need
Residents need to preserve as much of their usual routine as possible. Activities should be scheduled according to residents' past lifestyles. Many people prefer work-related activities earlier in the day and fun activities after the work is done, in the afternoon or evening. Those who worked the night shift may look at this differently.	Activity staff must have flexible schedules to offer evening and weekend activities when appropriate. The staff may feel overwhelmed because they have too little time or help.
Residents need to feel that their appearance is presentable.	Activities must always be advertised well in advance, so the nursing staff has time to help the residents with grooming.
Residents need breaks between activities.	Staggered activities require more time for the staff to transport the residents.
Residents need eye to eye communication.	When time is limited, the staff transporting residents to activities may forget to talk with each resident. Staff may forget to be considerate of residents who use wheel chairs. Staff must either sit or squat when speaking with people who use wheel chairs.
Residents have the right to choose to participate in activities.	Hurried staff may not take the time to explain where a resident is being taken. Always offer activities to residents. It may be difficult to determine if a person who cannot speak is expressing a desire to participate. Observe nonverbal communication and check the activity assessment record to see if he or she is likely to enjoy the activity.
Residents need to be as independent as possible. Always treat residents as the adults they are. No one enjoys feeling helpless and dependent.	Hurried staff may give residents more assistance than is necessary. Even when a resident needs assistance, the staff should allow him or her to do as much as possible on his or her own. A staff member who is too helpful may be fulfilling a personal need to feel needed. This does not benefit the resident. Doing too much for a resident makes the resident dependent.

Examples of problem behavior may include the following.

- Using aggressive behavior (e.g., hitting, kicking, slapping, pushing, and biting)
- Expressing verbal distress (e.g., asking repetitive questions, making repetitive verbalizations, and making negative statements)
- Having problems sleeping
- Losing interest in activities or social interaction
- Using repetitive physical movements
- Making repetitive health complaints
- Appearing sad, apathetic, anxious, or agitated
- Having delusions and hallucinations
- Using socially inappropriate/ disruptive behavior (e.g., disrobing in public, yelling or moaning, rummaging through belongings of other residents, throwing food)
- Being suspicious or paranoid
- Saying things that are not true
- Wandering

Problem behavior may be a method of communication, such as an action expressing distress or an unfulfilled need. A person who is unable to verbalize pain, discomfort, or fear may use behavior as a form of expression. The person may be trying to express a need without words. Physical discomfort could stem from unmet needs, such as hunger, thirst, insomnia, constipation, or urgency. The person's clothes may be too tight or pinching. The resident may be injured from a fall or an accident.

Losses, such as death of a close friend, can cause the resident to display problem behavior. Residents may exhibit problem behavior because of what is happening in their interpersonal relationships. A family member's health, personal sexual difficulties, trouble with relatives, roommates, or staff may upset a resident. The feeling of loneliness due to their perceived change in status in the community can be very difficult to bear. Problem behavior may be an attempt to get attention.

A resident may exhibit problem behavior if forced to attend an activity that he or she dislikes or views as childish. The person may openly ridicule the activity or be a quiet, indignant nonparticipant. Learning as much as possible about a person's lifelong routines can help reveal the problem.

Older people who exhibit problem behavior are usually those who have psychiatric diseases or demanding illnesses. A common cause of problem behavior is a cognitive disorder such as dementia, delirium, and depression. Mental disorders are more thoroughly discussed in Unit II, Lesson 3.

Depression may cause a resident to be anxious, nervous, or worried. People with dementia often express discomfort through agitation. They may seem upset, nervous, or angry. Residents with dementia may also wander. A resident with delirium is often frightened and agitated. Residents with mental disorders or emotional problems may experience hallucinations or delusions. Hearing and vision impairments can also contribute to a resident's hallucinations or misunderstandings of the facility environment and staff.

The environment can cause problem behavior. In addition to the reason for the resident's admission, he or she must also adjust to new surroundings. Adjustment to life in a long-term care facility includes the challenge of separation from family members, changes in routine and activity, and noisy surroundings. Sharing a room with a stranger can be unpleasant, especially for someone who is confused due to dementia. Residents who are bored or restless may begin to wander or yell. Residents who are overwhelmed by loud noises or noises coming from an unknown source can become confused, suspicious, or agitated.

Acute and chronic illnesses can cause problem behavior. The person may experience reduced strength and energy at this time. He or she may also be dealing with anxiety, a feeling of helplessness, and a threatened sense of identity. Quiet talks in his or her room may be a very helpful activity, and the person may resist other activities. He or she may just need to rest. Physical illness may cause demanding or dependent behavior because the resident feels a lack of control. Demanding behavior may result from the resident wanting to have more control of his or her life. Residents with physical illnesses may not comply with treatment because they want to maintain control or they do not understand the treatment. Medications, especially those for mental disorders, may cause changes in behavior.

How Family Response Impacts the Resident's Involvement in Activities

As the average life span increases, more families must care for their parents and grandparents. The middle-aged children or relatives of the elderly often bear the heaviest personal, physical, emotional, social, and financial responsibilities. Often, family members are expected to provide care at a time when their own family and career responsibilities are the most demanding.

Mentally alert seniors who have chosen their placement at the facility usually adjust more easily to their new situation. Their families also are relieved that their loved one will be receiving adequate care for their physical ailments.

Residents placed in the facility because of an accident or sudden illness often are not mentally prepared for the move. These new residents may have a new physical or mental disability. They need emotional support from family and friends at this time to help them adjust. Visitors will help them to combat loneliness and maintain contact with the outside world.

When families decide to place a person with dementia in a facility, the new resident may feel abandoned, confused, and betrayed. A loving family who has sacrificed and tried to provide the best care for the resident may feel guilt instead of relief. The family can still help by explaining the resident's likes and dislikes to the staff. Visits with their loved one are usually good for the resident although he or she may no longer recognize them.

Family members should be encouraged to remain actively involved with their loved one. Family members are a positive influence on the resident and the staff. Frequent visits, phone calls, and letters are all good ways to remain involved.

The resident may act out if he or she feels a lack of understanding and support from family members. Some residents attempt to use their age as a reason that others should cater to them. They may be demanding and manipulative. This behavior can make normally caring relatives become defensive toward the resident, which often adds to the resident's frustration, anger, and hostility. Younger relatives and people working in various roles with the elderly may find themselves feeling repeated cycles of pity, overprotectiveness, anger, rage, and guilt.

A person who feels like an unwanted burden on the family may get depressed and become less interested in life. Activities may give this person a new focus and challenge to feel useful again. This may also relieve the family of the unrealistic responsibility they feel for the person's happiness.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 2: Resident Preferences and Needs

Activity Sheet

1. List examples of how an individual's preferences may be affected by of the following - culture, gender, and age.

   Culture_____

   _____

   Gender_____

   _____

   Age_____

   _____

2. How does a resident's realization of mortality affect his or her motivation to participate in activities?

   _____

   _____

3. List at least four things people preparing for death usually prefer instead of group activities.

   a. _____

   b. _____

   c. _____

   d. _____

4. What are three things the activity staff can do to respect a resident's right to choose to participate?

   a. _____

   b. _____

   c. _____

5. List the three needs of residents regarding activities and three corresponding needs of the activity staff that are different than the residents' needs.

   a. _____

   _____

   _____

   b. _____

   _____

   _____

   c. _____

   _____

   _____

6. List five possible sources of a resident's problem behavior.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

Clinical/Laboratory Activities

1. Interview an older adult to find out what his or her life was like. Prepare a report or collage.

   For example, one facility interviewed each resident. Residents' families provided old pictures of the residents. A brief biography and pictures, a current one with the old ones, were displayed on blue or brown poster board using double-stick tape or glue tape and mounted in a picture frame. The residents, their families, and the workers enjoyed the displays. The displays help everyone realize what vital, important people live in the home. It helped visitors learn more about the residents and helped the residents to relate to each other by discovering common backgrounds and interests.

2. Discuss with the activity director how activities are selected. What are his or her favorite activities? Has he or she offered new activities because residents showed interest in them?

3. Discuss with at least three residents what their most liked activity is at the facility? Is there anything they would like to do that is not available now?

Lesson 3:
Common Mental Disorders

Objectives:

A. Identify and define common mental disorders.

B. Describe symptoms of each mental disorder.

C. Identify proper responses to a person showing symptoms of a mental disorder.

Key Terms:

- Mental disorder
- Normal depression
- Abnormal depression
- Clinical depression
- Delirium
- Dementia
- Alzheimer's disease
- Chronic mental illness
- Decompensation
- Substance abuse

Residents may have a wide range of mental disorders. A **mental disorder** is an interference with normal functions of the mind. A mental disorder can affect a resident's judgment, memory, understanding, and reasoning. Mental disorders have physical causes. Changes during the aging process may complicate a mental disorder that existed when the resident was younger.

Common Mental Disorders

Depression

There are several types and causes of depression. **Normal depression** is a mood disturbance that causes a person to feel unhappy, sorrowful, "blue," or low-spirited as a result of a personal loss or tragedy. Elderly people may show signs of depression because of anxiety caused by the pain and restriction of physical disease. Grief, deep-seated guilt, and loss may also prompt symptoms of depression. Residents are more likely to show signs of depression after a loss if they struggled with feelings of inadequacy in the past. **Abnormal depression** is an emotional state that causes exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are not related to the resident's situation. **Clinical depression** involves a marked reduction in normal activities along with the depressed state.

Symptoms of depression include:

- Recurring thoughts of death and suicide
- Attempting suicide
- Refusing to eat or eating too much
- Sleeplessness or sleeping too much
- Lack of energy
- Feeling worthless
- Aggression
- Avoiding social contact
- Refusing assistance, even when needed
- Not concerned about appearance
- Not concerned about surroundings
- Memory problems
- Lack of concentration or attention
- Appearing unhappy or inhibited
- Making pessimistic statements
- Feeling unable to do anything

If a resident appears depressed, tell the medical staff. The resident may need to see his or her physician for an adjustment to his or her medications. Positive interactions with the resident are also important. Recognize what he or she does well. Listen to the resident and offer realistic hope for the future. Be alert for suicidal feelings or appeals. Do not appear to be too cheerful around a depressed resident. Expect the resident to do what he or she can to take care of his or her physical needs.

Delirium

Delirium is a temporary, reversible change in brain cell function. The chemical processes of the brain are disturbed, which rapidly reduces the resident's mental abilities. The related behavior is temporary, acute (beginning suddenly), reversible, and abrupt. This disorder may last from approximately a week to a month. It is most common after the age of 60 but may occur at any age. Delirium may occur abruptly after a head injury or may develop over a short time.

The following are possible symptoms that a person with delirium may experience.

- Appearing unwell
- Ranges of consciousness from drowsiness, to a stupor, to a coma
- Delusions or hallucinations
- Behavior ranges from agitation to sluggishness
- Disorganized thinking
- Inability to reason
- Short attention span
- Unable to focus on past events (hindered long-term memory)
- Difficulty grasping new information (reduced short-term memory)
- Exhaustion
- Disoriented about time and place
- Lack of feelings or emotions
- Sensation of well-being
- Anxiety or paranoia
- Irritability or anger
- Depression

Seek medical help if a resident exhibits these symptoms. There are many sources of delirium including head trauma, drugs, fever, or infection. A resident with delirium needs careful medical monitoring and adjustments to treatment as needed.

Dementia

Dementia is a chronic (long-lasting, constant, or recurring) mental disorder that makes it hard for a resident to remember thoughts and adjust to situations and surroundings. Dementia may begin suddenly but in most cases the onset is gradual and difficult to detect. It is mostly found in the elderly. Dementia progresses slowly and leads to death after several years. Although dementia is not usually reversible, some causes can be stopped and reversed when found and treated.

The following are symptoms of dementia.

- Declining mental functions and personality
- Disturbed memory and insight
- Disrupted mental abilities, abstract thinking, and judgment
- Personality changes
- Irritability
- Anxiety
- Reduced participation in social activities
- Confusion about people, places, and time
- Visual hallucinations (in some people)

After exhibiting symptoms of dementia, the resident needs medical analysis to determine if the disorder is reversible. Residents with dementia need regular medical attention and protection from physical injury. Abrupt changes and

crowds are usually confusing and should be avoided. Positive reinforcement, appropriate humor, and regular social interaction are recommended.

Alzheimer's Disease

Alzheimer's disease is an irreversible dementia that is chronic and progressive. This disease is identified by specific changes in the brain. Symptoms may seem like depression or delirium. Alzheimer's disease is difficult to diagnose with certainty without an autopsy.

At the onset, Alzheimer's symptoms include:

- memory loss,
- disorientation to time, and
- lack of spontaneity.

As the disease progresses, the resident may:

- wander,
- act agitated or confused,
- experience aphasia (impairment in the use of language),
- use repetitive movements, and
- eat much more than normal or be disinterested in food.

Residents in the final stage of Alzheimer's disease may:

- only show emotion with outbursts of temper,
- be unable to control their bladder or bowels,
- appear thin, worn, and wasted,
- be unable to communicate, and
- have seizures.

Residents with Alzheimer's disease are comforted by a predictable pattern of activity. Problem behavior may occur if they have difficultly understanding their surroundings and communicating their needs. Investigate the cause of the problem and adjust anything the resident finds uncomfortable. Check clothes, temperature, location, and noise level. Knowing the resident's preferences helps the care giver offer appropriate help. Offer reassurance and friendly conversation.

Validation therapy helps a resident who has trouble communicating. It is a communication technique that responds to a resident with approval and supporting responses. This approach even enables a resident with aphasia to express sadness or depression. Validation therapy is discussed in Unit III, Lesson 1.

Chronic Mental Illness

Chronic mental illness, such as schizophrenia and bipolar disorder, are problems that can be long-lasting, recurring, or constant. Mental illness involves a resident's thoughts, feelings, and behaviors. A resident with chronic mental illness may act inappropriately, irrationally, or unrealistically. Mental illness causes varying degrees of difficulty to different people. Residents with chronic mental illness may not know who or where they are. Some residents who usually function normally may become extremely anxious when doing certain things. The resident may be fearful, apathetic, or withdrawn. Some residents with mental illnesses may occasionally become violent.

With proper medication, a resident with a mental illness is usually able to function quite normally. It is common for a resident to experience decompensation. **Decompensation** is the increased display of symptoms of mental illness. If you observe this happening, notify medical staff immediately. Careful monitoring is needed at this time. The resident may require hospitalization for adjustments to medication. Give reality feedback without disagreeing. Listen with acceptance as

the resident talks about the confusion or fear caused by the experience. Be consistent and firm about ground rules.

To become active and feel useful again, residents with mental illness need support, encouragement, and training. Keep residents with mental illnesses involved in group or individual activities. Help the resident refocus if he or she becomes confused during a task. Help each resident discover his or her interests. Find out what the resident did successfully in the past and encourage him or her to participate in activities. Assist residents with community involvements as they desire.

Substance Abuse

Substance abuse is the overindulgence or dependence on a stimulant, depressant, or other chemical substance leading to effects that are detrimental to the individual's health or to the welfare of others. Substance abuse may lead to reduced mental and physical health, an inability to function in social and occupational settings, and becoming dangerous to self and others.

Over-the-counter drugs, alcohol, and prescribed medications taken improperly are the most common substances abused by the elderly. Many older adults rely heavily on nonprescription drugs. Chronic pain and emotional stress may cause some residents to self medicate with alcohol and drugs. Tranquilizers and sleeping pills prescribed for depression are often abused.

Some of the changes associated with aging make alcohol and drug use an issue for the elderly. The aging body gets rid of alcohol and drugs at a slower rate because of slower circulation and liver and kidney function. An aging body contains less water, making the drug more concentrated. Less of a drug is needed for the body to have a stronger reaction. Many older adults take daily medication for chronic health problems. When alcohol is taken in addition to this medication, unpleasant or dangerous reactions sometimes occur. This can be a dangerous problem for seniors who live alone.

Substance abuse may start in early adulthood and continue to old age. It often begins in older adults after the emotional stress from the loss of a spouse, friends, or career.

The following are signs of alcohol or drug problems. These signs may be mistaken for a resident's declining health. Consider the possibility of substance abuse if the following symptoms occur:

- Confusion
- Forgetfulness
- Falls
- Old or new injuries
- Loss of appetite
- Malnutrition
- Sleep disturbances
- Increased isolation
- Anxiety
- Depression
- Poor hygiene or upkeep of surroundings
- Staying in one spot, often near a TV or telephone
- Family conflict
- Dementia

New residents who have misused drugs or been secretly dependent on alcohol may have withdrawal problems that come as a surprise to their families. A sudden change in behavior and withdrawal-type symptoms should be investigated.

Early withdrawal symptoms may include the following.

- Shakiness
- Sleep disturbances
- Muscle aches

- Agitation
- Nausea
- Anxiety
- Depression

This could lead to delirium tremens which involve the following.

- Shakiness
- Sweating
- Low-grade fever
- Grand mal convulsions
- Hallucinations
- Confusion
- Disorientation
- Gross and irregular tremors
- High fever

Medical supervision, preferably hospitalization is recommended for a resident going through withdrawal. Research at the National Institute on Alcohol Abuse and Alcoholism indicates that older people respond better to treatment for alcoholism than do younger drinkers. New residents who have misused medication at home often do better in a long-term care facility where their medications are closely monitored.

It takes a partnership to help an older person reduce or eliminate alcohol or other drug problems. Work with the resident to explore healthier options. Activity programs that focus on physical fitness, social skills, leisure education, and relaxation are helpful for those with a substance abuse background.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written evaluation for this unit. A score of at least 80 percent indicates you may proceed to the next unit.

Lesson 3: Common Mental Disorders

Activity Sheet

1. Define mental disorder.

   _____

   _____

2. Describe normal depression. Explain how abnormal depression is different from normal depression.

   _____

   _____

   _____

3. List five symptoms of depression.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

4. List three types of responses you should make when interacting with a resident exhibiting symptoms of depression.

   a. _____

   b. _____

   c. _____

5. Define delirium.

   _____

   _____

6. List three symptoms of delirium.

   a. _____

   b. _____

   c. _____

7. What is the most important kind of help a person with delirium needs?

   _____

   _____

8. What is dementia?

   _____

   _____

9. List five symptoms of dementia.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

10. List four needs of a person with dementia.

    a. _____

    b. _____

    c. _____

    d. _____

11. What is Alzheimer's disease?

    _____

    _____

12. List five symptoms of Alzheimer's disease.

    a. _____

    b. _____

    c. _____

    d. _____

    e. _____

13. List three ways to help a person who has Alzheimer's disease.

    a. _____

    b. _____

    c. _____

14. What is chronic mental illness?

    _____

    _____

15. List three symptoms of chronic mental illness,

    a. _____

    b. _____

    c. _____

16. List three ways to help a person who has a chronic mental illness.

    a. _____

    b. _____

    c. _____

17. What is substance abuse?

    _____

    _____

18. Which three substances are most commonly abused by older people?

    a. _____

    b. _____

    c. _____

19. List six possible symptoms of a person who has a problem with substance abuse.

    a. _____

    b. _____

    c. _____

    d. _____

    e. _____

    f. _____

20. List two symptoms of substance withdrawal.

    a. _____

    b. _____

21. List three ways to help an older person reduce or eliminate alcohol or other drug problems.

    a. _____

    b. _____

    c. _____

Clinical/Laboratory Activities

1. Arrange to meet with the physician or the director of nursing at the long-term care facility. Find out about common treatments for residents with mental disorders. Discuss side effects of medications.

2. Ask the activity director for a success story of an activity helping someone with a mental disorder.

Unit Checklist

Student Name _____ Overall Unit Rating_____

Activity Sheet: Common Life Changes in Adulthood Rating _____

Comments: _____

_____

_____

Activity Sheet: Resident Preferences and Needs Rating _____

Comments: _____

_____

Activity Sheet: Common Mental Disorders Rating _____

Comments: _____

_____

_____

Written Unit Evaluation Score _____

Additional Comments: _____

_____

_____

Teacher Signature _____ Date _____

Student Signature _____ Date _____

Unit III

Interpersonal Communication Skills

This unit discusses techniques to use to improve interpersonal communication. Common communication barriers of residents are discussed. Techniques to overcome communication barriers and to promote effective communication during activities are also included.

Unit Lessons

Communication Skills

Lesson 1:
Communication Skills

Objectives:

A. Identify techniques for effective communication.

B. Identify barriers to communication.

B. Modify communication techniques to overcome communication barriers.

C. Apply communication techniques in different activities.

Key Terms:

- Active listening
- Communication board
- Aphasia
- Broca's aphasia
- Wernicke's aphasia
- Global aphasia
- Reminiscence therapy
- Validation therapy
- Reality Orientation

Communication Techniques

Several techniques should always be used when communicating. Keep in mind the following methods when communicating with residents and coworkers.

- Use nonverbal cues. Facial expressions and gestures communicate a person's emotions. The rest of the body can show the intensity of that emotion. In conversation, people turn their bodies toward the person they are interested in and away from others. A sincere smile can lift the spirits of both the sender and the receiver. For some residents, this may be the only form of communication they can offer. Understanding nonverbal cues will help with activities. The activity director must learn to understand not only the body language of the residents but also his or her own body language and nonverbal cues.

- Use eye contact. Eye contact may gain a person's respect and approval. Wandering eyes and lack of direct eye contact can be a sign that the person is not listening. If it is difficult for you to focus on a person's eyes while communicating, try focusing on the person's nose or somewhere else on the face. Some residents may become intimidated by direct eye contact. Limit direct eye contact to less than 7-10 seconds for these residents. People from some cultures feel that direct eye contact is rude. If not sure about a resident's preference, discuss the topic with the resident or the resident's family.

- Speak to residents at their level. You should bend down or sit in a chair when speaking to resident using a wheel chair. If a resident is bed bound, be sure that he or she can see your face while you are speaking. Residents can tell by your nonverbal cues if you are truly interested in their well being or are just speaking as a formality.

- Use active listening. **Active listening** means to concentrate on a person's words and nonverbal cues to organize what he or she is saying while ignoring all distractions. It is one of the hardest things to do and takes a tremendous amount of training and patience. Receiving another person's undivided attention makes the person talking feel worthwhile and valued.

- Clarify the message. Summarize or repeat what a resident tells you. This method may appear clumsy and time-consuming, but it will ensure the message is understood. It also allows the listener to clarify his or her understanding of what was said and gives the speaker a chance to correct any misunderstandings. Clarifying what the resident said tells the resident that the content and the emotional meaning of his or her message is understood and validates his or her actions and remarks.

- Take more time. Communicating with a resident can sometimes be frustrating and time-consuming. The speed at which a person receives information and formulates a response generally slows with age. Always slow the pace of your conversation. Trying to speed up the conversation can cause the resident to feel anxious or to withdraw.

- Use appropriate communication. Staff should treat residents with dignity and speak to them as adults. Do not use patronizing behaviors and baby talk. Address residents using courtesy titles such as Mr., Mrs., or Ms. unless they specifically ask to be called by their first names. Be respectful of residents' feelings and emotions.

Techniques to Overcome Communication Barriers

Several communication barriers may exist between people working in long-term care facilities and residents. Facility staff may have to modify their communication styles to overcome communication barriers.

Language Differences

Speaking with someone who does not speak the same language is a problem in some long-term care facilities. The activity director is usually the one asked to help. Encouraging this person to come to the activity program can be extremely difficult because of mutual communication difficulties.

A communication board is a good tool to use in this situation. The **communication board** displays pictures that show various activities provided in the long-term care facility. For instance, a picture of food could indicate meals, a picture of a bath tub could indicate bathing, a picture of a person exercising could indicate exercise time. The communication board can be coordinated with all the facility's activities.

Items on the communication board are labeled in both English and the native language of the resident so that both staff members and the resident can understand what is being communicated. A list of key words placed in the resident's room, activity room, and dining room will help staff to communicate with this resident. The activity director may also find an interpreter by contacting relatives, volunteers, and ethnic organizations in the community.

Hearing and Visual Impairments

Aging individuals often have diminished hearing because of damage to nerve tissue and hardening of bones in the inner ear. Hearing loss makes it difficult for individuals to hear high-pitched sounds, which may contribute to their preference for music with low-pitched tones, such as organ music. As people age, their eyes lose elasticity and pupils become smaller and react more slowly. Cataracts are a common problem, and color perception is

less acute. Visual problems reduce the information a person can receive from facial expressions and body language.

Older people often need more time to process the information that is being communicated and to respond. Communicating clearly, briefly, and slowly with gestures that complement meaning, will help residents better understand what is being said. Speaking louder does not always enhance communication because increasing the volume often increases the pitch. Face the resident and talk slowly in a normal tone of voice. A resident's body language or facial expressions may tell whether or not he or she understands what is being said.

When providing activities for the residents in the facility, remember their ability levels.

- Move residents with vision and hearing impairments to the front of the room for the activity to make it easier for them to see and hear.
- Place people with hearing problems near a speaker during performances.
- Pair residents with hearing and vision impairments with other residents or volunteers who are patient, understanding, and willing to help. The resident's partner can help the resident to understand the information.
- Give residents a written description of the activity to help eliminate communication barriers. If they already understand the activity, they may not ask as many questions.
- Give large print books and large print playing cards to residents with poor eyesight to make it easier for them to participate.

Difficulty Understanding and Speaking

Aphasia is a loss or impairment of the ability to use or comprehend words usually as a result of damage to the portion of the brain that is dominant for language. Aphasia usually occurs suddenly and is often the result of a stroke or head injury, but it may also develop slowly, as with a brain tumor.

There are many types of aphasia. The two most common types are Broca's aphasia and Wernicke's aphasia. **Broca's aphasia** results from damage to the front portion of the language-dominant side of the brain. **Wernicke's aphasia** results from damage to the back portion of the language-dominant side of the brain. Individuals with Broca's aphasia may speak in short, meaningful sentences. They will often omit small words such as "as," "and," and "the." Those who have Wernicke's aphasia may speak in long sentences that have no meaning and often add unnecessary words. Patients with Broca's aphasia can comprehend much of the speech of others while those with Wernicke's aphasia have notable difficulties understanding speech.

A third type of aphasia, **global aphasia**, results from damage to a large portion of the language-dominant side of the brain. Individuals with global aphasia have major communication problems and may be extremely limited in their ability to speak or comprehend language.

Communicating with a resident who has aphasia requires patience. Talking slowly and in a clear voice will help the person understand what is being said and allows time for comprehension. Use short sentences so that there is less information to comprehend. Be concrete and direct. Use visual cues and gestures that match the words. Touch can be a very important medium to show that a message is coming

or to emphasize the meaning of the message. Take time to listen to what residents are saying, even though listening to residents may be time-consuming and frustrating. Remember that they know what they want to say but may have difficulty saying it. A communication board can also help staff communicate with a person with aphasia.

If a person can't find the right word, encourage the person to act out the meaning. Demonstrate eating with an eating motion. Encourage the person to "talk around" what he or she is trying to say, gradually "zeroing in" on the meaning. Play 20 questions. Ask residents simple questions that they can answer with "yes" or "no." If the person loses his or her train of thought, repeat the last word that he or she said. Summarize what has already been said. This may give the resident a prompt to continue the conversation. Always respect and pay special attention to expressions of feelings. Be attentive and respect their attempt to communicate, even if the facts are wrong. Tell the resident if you do not understand what he or she is saying.

What the resident is saying verbally may not necessarily mean that he or she does not want to participate. For example, a resident who has aphasia may answer NO, NO, NO, NO to every question including if he or she would like to attend a church service. Knowing that the resident always attends and enjoys the church service will help you to decide whether the resident really wants to participate. Always consider the past activity histories of residents who have aphasia.

Generational Differences

"You just don't understand me," or "We just don't speak the same language," are common expressions, especially when two people are communicating who are very different in age. A generation gap may exist between residents in the facility and between residents and staff.

The following is a comparison of the generation born before World War II and the generation that followed the war. These general observations identify probable areas of inter-generational communication barriers. It is important to remember that not every individual shares the ideas associated with their generation.

Individuals born and socialized in the early part of the century typically share the following attitudes or behaviors: strong work ethic, religious values, family orientation, love of country and respect for formal authority, acceptance of well-differentiated sex roles, leisure as a respite from work, respect for food as a basis for survival, time as seasonal more than clock bound, respect for nature, and a belief in individualism with limited interference by government in human endeavors.

In contrast, post-World War II generations reflect a different set of values: a leisure work ethic in which leisure and work are of equal value; a secular orientation; individualistic orientation with families being a collection of individuals; a lesser view of patriotism and irreverent attitude toward authority; food and goods as abundant consumer commodities; sex as a public matter; a need to be fulfilled; life as clock-time ordered; respect for harmony with machines and technology; and acceptance of public dependency as a right of citizenship.

The following are guidelines to consider when developing activity programs for older adults.

1. Work-based activities have more meaning to the aged than leisure-based activities, except on special

occasions when leisure is viewed as an escape from work.

2. Religious activities are acceptable and often desirable for the elderly.

3. Gender differences should be respected in activity programming, both with respect to same sex and coed-type activities.

4. Patriotic activities are welcomed by the elderly.

5. Silence and non-activity or unplanned time are necessary and may be perceived as an activity itself.

6. Activities that are clock-bound may be resisted by the elderly as intrusion into their self-directed approaches to living.

7. Food-centered activities are desirable because of the special meaning of food as scarce and a basis for survival.

8. Tradition, ritual, and ceremony are generally more appreciated by the elderly than novelty and innovation.

9. Cooperation and compliance with planned activities do not automatically mean enjoyment or satisfaction. Residents may be showing respect for authority.

10. Family-based and inter-generational activities are highly valued by the aged.

Mental Disorders and Confusion

Special communication techniques may be prescribed for staff to use when communicating with confused residents or residents with certain mental disorders. The activity director does not determine when to use these methods. He or she must be trained to use these types of therapies. If a resident's care plan indicates a certain therapy, then all staff members will be required to use the method when communicating with the individual.

Reminiscence therapy is based on the principle that human development takes place in specific life stages. Life management depends on facing challenges posed by each life stage and adjusting to transitions between the various stages. Reminiscing means to bring back memories of youth and to think about accomplishments and family gatherings. As a therapy, reminiscence helps the person come to terms with guilt, conflict, defeat, and to find meaning in accomplishments. Techniques such as life review can help residents that are unable to accept the past and who become overwhelmed with guilt or even despair. It can help a resident see that his or her life is and was meaningful. The resident can remember the productive years, resolve unfinished emotional business, find common ground with others, and gain a sense that life has been worthwhile. It may take a lot of work for some residents to accept their past as it was. However, it is worth the reward when they can see the meaning and influence of their lives on the people they love.

For many residents, reminiscing is not therapy; it is an everyday occurrence. Residents talk about the past, their childhood, their children, and how things are different today than when they were growing up. The most common form of reminiscing for residents is storytelling or glorifying the "good old days." This type of reminiscing can be used to collect data for oral histories, life stories, sharing with other residents, and inter-generational activities.

Reminiscing can be a very valuable tool when planning activities for residents.

Talking with a resident about his or her past may help discover why he or she will not or cannot participate during an activity. Perhaps the activity is something he or she was told as a youth not to do. Or perhaps a resident is afraid of failure because he or she was not successful at a particular activity in the past.

Validation therapy is a technique that allows confused residents to be who and where they think they are so that they regain dignity, self-worth, and identity. Disoriented or confused residents may retreat to a different reality. Validation therapy acknowledges the resident's feelings and tells him or her that the feelings are true. It helps disoriented residents by restoring self worth, reducing stress, justifying living, resolving unfinished conflicts of the past, and making the person happier. This technique is used for communicating with residents diagnosed with Alzheimer's disease and related dementias and is not appropriate for every confused resident. It should not be used without specific instruction and complete understanding of the method.

Reality orientation is a technique in which the resident is reminded of who and where he or she is and when it is. Reality orientation is used to rehabilitate residents who are confused or disoriented from any cause (head injury, stroke, mental disorder, over-medication, etc.). At each contact with the resident, he or she is told personal information such as his or her name, where he or she is, and the date. The resident is told what is going to happen and what is expected of him or her. Unlike validation therapy, no one agrees with disoriented statements and instead gives reality information. Everyone who is in contact with the resident practices reality orientation for that resident.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheet, you may take the written evaluation for this unit. A score of at least 80 percent indicates you may proceed to the next unit.

Lesson 1: Communication Skills

Activity Sheet

1. List three potential barriers to communication.

   a. _____

   b. _____

   c. _____

2. What is a communication board?

   _____

   _____

   _____

3. List four ways to improve communication with residents who have hearing impairments?

   a. _____

   b. _____

   c. _____

   d. _____

4. List and describe the three different types of aphasia.

   a. _____

   _____

   b. _____

   _____

   c. _____

   _____

5. List three ways to improve communication with a person who has aphasia.

   a. _____

   b. _____

   c. _____

6. The text provides guidelines to consider when developing a program of activities for older adults. List five guidelines below.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

7. Why is observing non-verbal communication important when communicating with residents?

   _____

   _____

   _____

8. What is active listening?

   _____

   _____

   _____

9. List four communication techniques to use when communicating with residents?

   a. _____

   _____

   b. _____

   _____

c. _____

_____

d. _____

_____

10. When are communication therapies used by the activity director?

_____

_____

_____

11. What is reality orientation?

_____

_____

_____

Clinical/Laboratory Activities

1. Observe a health care professional communicating with a resident. Does the professional use appropriate communication techniques? What type of non-verbal cues did both participants in the conversation use? Write down your observations.

2. Place ear plugs or cotton balls in your ears, wear eyeglasses that have been smeared with petroleum jelly, or try talking with a piece of candy under your tongue. Write down your observations about how you changed your communication techniques in order to better communicate with someone.

3. Use active listening while communicating with a spouse, friend, co-worker, or relative. Did you retain more information than during a relaxed conversation? How did the person respond to you? After you have finished your conversation, write down your observations.

4. Visit with a resident using a list of questions to ask them about his or her past. Make notes during the discussion. What type of reminiscence was the resident using? How could this help an activity director with his or her activity program?

5. Ask the activity director if he or she has a communication board. If not, suggest that you would be willing to help design one. If the activity director accepts, follow through.

6. Look in the phone book for different ethnic civic organizations. Contact the organizations to find out if they have any volunteers or interpreters that would be helpful to the facility.

7. Discuss with an activity director the types of activities that are offered for bed-bound, room-bound, aphasiac, or confused residents.

8. Using a prepared list of questions, interview a resident born at the turn of the century and a friend or relative born after World War II. Document differences in opinions about leisure, family, government, food, and religion. How do the preferences of the residents being interviewed compare to the generalizations listed in this lesson? Write a brief report about the comparison.

Unit Checklist

Student Name _____ Overall Unit Rating_____

Activity Sheet: Communication Skills Rating _____

Comments: _____

_____

_____

Written Unit Evaluation Score _____

Additional Comments: _____

_____

_____

Teacher Signature _____ Date _____

Student Signature _____ Date _____

Unit IV

Assessment and Evaluation

Assessment is an ongoing process that helps the activity director determine the appropriateness and effectiveness of the activity program in meeting the needs of each resident. This unit discusses using leisure assessment to discover resident interests, needs, and preferences for activities. This unit also introduces the Health Care Finance Administration's Resident Assessment Instrument (RAI) and its application to the activity program.

Unit Lessons

Leisure Assessment

Resident Assessment

Documentation

Lesson 1:
Leisure Assessment

Objectives:

A. Identify the major components of leisure assessment.

B. Compare other leisure assessment tools.

C. Use an assessment tool to describe your leisure lifestyle.

D. Utilize a completed assessment while interacting with the client.

E. Assess the leisure lifestyle of others.

Key Terms:

- Assessment
- Leisure assessment

The success of any activity program relies upon innovation, creativity, and recognition of the individual. Each person has unique characteristics that can be discovered through therapeutic programming. **Assessment** is the process of discovering an individual's identity, strengths, and needs. Assessment is a holistic process that involves looking at the total person and every aspect of his or her life. This information is the basis for each resident's care plan and the facility's activity program.

The goal of holistic assessment is to understand and document a specific individual's situation. The professionals' ability to relate to this person adds to the assessment's validity. A professional learns a resident's behaviors, reactions, joys, and sorrows by forming a relationship. This relationship will also help the professional recognize physical and emotional changes of a resident. Paperwork must include this human factor to serve as a legitimate tool to solve problems and to enhance the quality of residents' lives. Variations in functioning, changes in relationships, and inconclusive observations make assessment an ongoing process throughout the resident's stay in a facility.

All assessments include essential components that are the foundation for care planning and measuring results and outcomes. The assessment process employs a variety of techniques to reveal a resident's situation and condition as completely as possible.

Major Components of Leisure Assessment

Leisure assessment involves developing a baseline for activity programming and services needed to restore each resident's preferred activity pursuit patterns. The initial phase of assessment consists of three components: resident functioning, distinct resident characteristics, and comparisons of past and present lifestyle patterns. Figure 1.1 illustrates an example of a form used for resident assessment.

Resident Functioning

As a baseline, assessments identify current physical, social, cognitive, and emotional functioning levels. Resident abilities and activity interests are key factors in addressing resident deficits and improving quality of life. The leisure assessment includes examining lifelong activity pursuit patterns and lifestyle choices. Studying patterns is important to the activity assessment since it reveals a broader picture of the resident's potential. This involves reviewing a resident's lifestyle

Figure 1.1 - Sample Activity Therapy Assessment

ACTIVITY THERAPY ASSESSMENT

Name _____ **Prefers** _____ **Rm#** _____ **ID#** _____ **Admit Date** ____

RESIDENT PROFILE

Date of Birth _____ Place of Birth _____
Diagnoses _____
_____
Reason for Placement _____ Goal _____
Mode of Transportation to Activities _____
Precautions/Allergies Relevent to the AT Care Plan _____
_____ AT Endurance Level _____
Diet _____
PT _____ OT _____ ST _____

ACTIVITY PURSUITS & RELATED ABILITIES

C - Indicates Current Over Last Seven Days P - Indicates Young Adulthood to Admission

Occupation(s) _____
Education _____
School(s) Attended _____
Politics _____ Desire to Vote _____
*Cards/Other Games _____
_____
_____
*Crafts/Arts _____
_____
_____
*Exercise/Sports _____
_____
_____
*Music _____
_____
_____
*Reading _____
_____
_____
*Writing _____
_____
_____

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***Relates to MDS 2.0 Section N.**

Figure 1.1 - Sample Activity Therapy Assessment (continued)

ACTIVITY THERAPY ASSESSMENT

Eyesight _____ Small Print ( ) or Large Print ( ) is desirable
Needs Mail Read ( ) If yes, resident gives permission for _____ to read mail.

*Trips/Shopping _____

*Walking/Wheeling Outdoors _____

*Watching TV _____

Intergenerational Activities Desired _____

Pets _____

*Gardening _____

*Talking or Conversing _____
Cooking _____

*Helping Others _____
Other Life Involvements _____

Use of Hands: (Right) _____ (Left) _____
*Preferred Activity Settings ( ) Own Rm ( ) Day/Activity Rm ( )Inside/Off Unit
( ) Outside Facility ( ) None
Group & Individual Activities Resident States He/She Will Participate In _____

*Change in Type of Activity and/or Change in Involvement _____

Resident's Perception of Current Abilities/Interests _____

*Significance of Resident's Time Awake & Time Spent in Activities _____

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***Relates to MDS 2.0 Section N.**

Figure 1.1 - Sample Activity Therapy Assessment (continued)

ACTIVITY THERAPY ASSESSMENT

Name _____ **ID#** _____

SUPPORT SYSTEMS

C - Indicates Current Over Last Seven Days *P - Indicates Young Adulthood to Admission*

Marital Status _____ Name of Spouse _____
Relationship with Spouse _____

Relationship with Children _____

*Spiritual/Religious Activities _____

*Involvement Patterns _____

Organizational Memberships & Community Involvement _____

Other Support Systems _____

Living Arrangement Prior to Facility Placement _____

*Identification with Past Roles & Life Style _____

Customary Daily Routine Prior to Placement _____

Other _____

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***Relates to MDS 2.0 Section N.**

Figure 1.1 - Sample Activity Therapy Assessment (continued)

ACTIVITY THERAPY ASSESSMENT

PSYCHOSOCIAL & COGNITIVE FUNCTIONING

Orientation _____

Memory: Recent _____

Remote _____

Communication _____

Hearing _____

Response to Interview(s) _____

Observations Regarding Specific Mood & Behavior _____

PRIMARY STRENGTHS & WEAKNESSES

Strengths _____ Weaknesses _____

Family/Friends Who Participated in Assessment _____

Other Comments _____

SIGNATURE _____ **DATE** _____

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from early adulthood to the present, noting when changes occurred, and evaluating circumstances surrounding the changes. Knowing about a resident's past lifestyle changes will help the activity director to focus activity interventions and determine how long it will take before a positive outcome will occur. Illness, social losses, financial difficulties, mental illness, or other stressful situations can affect the timing of a pattern alteration. Connecting a change to its circumstances provides information about factors and reasons for the change.

The assessment process begins when the first information about a new resident is received. Introduce yourself to this individual in an informal visit during the first few days of admission. Observe the resident's appearance, ability to understand and comprehend, and orientation to people, time, and place. Review the resident's medical chart before the visit and find out if the resident understands his or her diagnosis. Gathering information about the resident's past social and medical history, primary and secondary diagnoses, medications, rehabilitation issues, and goals is important. Consult with the nursing staff and medical literature to learn of the many side effects of medications that can affect a resident's functioning and level of motivation.

Distinct Resident Characteristics

The second component of leisure assessment is to identify distinct characteristics of the resident. These characteristics include interests, abilities, and customary routines, which shape a resident's perceptions and reactions to relationships and the environment. Comprehending the relevance of these characteristics is important for developing a partnership between the resident and the staff.

Past and Present Lifestyle Patterns

Studying a resident's lifelong preferences and changes begins when he or she is admitted. Personal possessions or items in the room may provide information about the resident's past lifestyle and interests. Because patterns continually evolve, routine tracking is required. When a resident has noticeable changes, take steps to learn why. These steps include interviewing the resident, reviewing activity participation records, and consulting other facility staff members. A pattern variation may or may not require an intervention. A resident may develop a new relationship and decrease activity involvement in other areas. This would not cause a change in the care plan. If a resident has suffered an acute illness, the intervention may include gradually rebuilding the resident's involvement pattern to its previous level. Ongoing assessments track changes and act as a preventive measure by catching problems or needs before they become significant.

Although a physical or cognitive change may affect a resident's participation in a favorite hobby or pastime, adaptations may enable the resident to participate. Many resources are available to adapt equipment to the facility's leisure activities. A continual connection of the resident with his or her past leisure lifestyle is very important and should be provided along with opportunities to learn new skills.

Example:

> A female resident was recently admitted to the facility because she fractured her hip. She had just moved to the community before the injury. Before the move to the new community she lived independently and was quite active, walking for long distances, driving, housekeeping, socializing with friends, and pursuing hobbies. She is lethargic due to the severity of her acute condition.

Activities primarily support her continuing her recent lifestyle pattern. Since she just moved to the area, the approaches involve educating her about the community's resources and helping her to make social contacts. Soon this resident should start participating in activities and socializing with new friends. Barring complications, she will return to independent living and essentially the same lifestyle.

Example:

Another female resident is admitted with a fractured hip. She moved to the area one year ago and did not make friends or join community activities. She rarely exercised. Her lethargy is due to her acute condition and a lack of physical exercise, lengthy social isolation, and lack of hobbies. Her recovery period is likely to be extensive. Initial approaches restore her interest in an active lifestyle. The first step is to develop a relationship with her and to renew her interest in activity by providing information and individual activity opportunities in her room. A resident who has developed a pattern of social isolation may choose not to attend group activities for several months.

Assessment is the starting point of an activity director's work with residents. Just as crucial are patience and determination in achieving goals developed in the care plan. Many leisure assessment tools and forms are available.

Leisure Assessment Tools

There are several different types of leisure assessment tools. Some are activity checklists or leisure interest inventories used when interviewing residents or their family members. These contain a listing of recreational activities, sports, and hobbies. Figure 1.2 is an activity checklist used to find out resident's recreational interests. While interviewing a resident, ask him or her about current and past activities and activities he or she is still interested in pursuing. The activity program developed for each resident should focus on the identified interests. For example, a resident who loved feeding and watching birds should have access to activities, such as a bird feeder, bird decorations, or facilities to make bird feeders, etc.

Another form of assessment is a questionnaire that asks basic questions about past and present leisure interests, community involvement, and hobbies. These are open-ended questions designed to elicit responses directly from the resident or a family member. This type of assessment format works most effectively with high functioning residents who possess good communication skills.

Standardized assessment tools may be used with more informal types of tools listed above. Research and testing determined standardized assessment tools to be valid and reliable for specific client groups. Several assessment tools are designed specifically for long-term care.

Uncopyrighted leisure interest inventories, activity checklists, and questionnaires can be changed and adapted to meet the needs of the residents. Copyrighted standardized assessment tools can be purchased from publishers or other sources. Do not alter or change copyrighted material. Large corporations that own many long-term care facilities use their own mandated activity assessment and activity program manual that includes policies and procedures.

Resident assessment provides the necessary tools for creating activity programs.

Figure 1.2 - Sample Activity Checklist

ACTIVITY CHECK LIST

NAME_____ ROOM #____ DATE_____

DIRECTIONS: The following is a list of leisure activities.

1. Circle **M** (**MUCH**) for those activities you participate in regularly (daily, every other day, when in season, etc.).
2. Circle **S** (**SOMETIMES**) for those activities you have experienced, but not on a regular basis.
3. Circle **I** (**INTERESTED IN**) for those activities you would be interested in learning more about.

M	S	I	Cooking/Baking	M	S	I	Church Clubs
M	S	I	Cake Decorating	M	S	I	Rugby
M	S	I	Garden Clubs	M	S	I	Tennis
M	S	I	Collecting (stamps/coins)	M	S	I	Jaycees
M	S	I	Golf	M	S	I	Macrame
M	S	I	Square Dance	M	S	I	Judo/Karate
M	S	I	Pottery/Ceramics	M	S	I	Folk Dance
M	S	I	Racquet Ball	M	S	I	Draw/Sketch
M	S	I	Social Dance	M	S	I	Photography
M	S	I	Snorkeling/Scuba Diving	M	S	I	Tap Dance
M	S	I	Auto Racing	M	S	I	Sewing
M	S	I	Ballet	M	S	I	Flying
M	S	I	Leatherwork	M	S	I	Modern Dance
M	S	I	Hunting	M	S	I	Home Decorating
M	S	I	Movies	M	S	I	Hang Gliding
M	S	I	Flower Arranging	M	S	I	Stage Shows
M	S	I	Parachuting	M	S	I	Metalwork
M	S	I	Opera	M	S	I	Roller Skating
M	S	I	Woodworking	M	S	I	Play Reading

Assessment includes evaluating the

Figure 1.2 - Sample Activity Checklist (continued)

M	S	I	Billiards	M	S	I	Candlemaking
M	S	I	Community Theater	M	S	I	Mosaic Tile Work
M	S	I	Stained Glass	M	S	I	Card Games
M	S	I	Checkers	M	S	I	Badminton
M	S	I	Board Games (i.e., Monopoly)	M	S	I	Sculpturing
M	S	I	Jogging/Running	M	S	I	Volleyball
M	S	I	Jewelry Making	M	S	I	Sailing
M	S	I	Pinball	M	S	I	Hiking
M	S	I	Lawn Games (i.e., Frisbee)	M	S	I	Water Skiing
M	S	I	Film Making	M	S	I	Snow Skiing
M	S	I	Ping Pong	M	S	I	Needlework
M	S	I	Restoring Antiques	M	S	I	Camping
M	S	I	Knitting/Crocheting	M	S	I	Archery
M	S	I	Backpacking	M	S	I	Model Building
M	S	I	Fishing	M	S	I	Bird Watching
M	S	I	Working on Cars	M	S	I	Softball
M	S	I	Picnics	M	S	I	Basketball
M	S	I	Bowling	M	S	I	Bicycling
M	S	I	Aquariums	M	S	I	Football
M	S	I	Horseback Riding	M	S	I	Soccer
M	S	I	Batik/Tie-Dying	M	S	I	Sight-Seeing
M	S	I	Silkscreening	M	S	I	Shuffleboard
M	S	I	Motorcycling	M	S	I	String Art
M	S	I	Painting (Wood Arts)	M	S	I	Caving
M	S	I	Copper Enameling	M	S	I	Outdoor Cooking
M	S	I	Star Gazing	M	S	I	Listening to Music
M	S	I	Watching Sports	M	S	I	Attending Craft Fairs
M	S	I	Decoupage	M	S	I	Mountain Climbing
M	S	I	Chess	M	S	I	Trailor Camping
M	S	I	Charades	M	S	I	Reading

common problems of the long-term care population and the specific needs of individual residents. The structure of the activity program is based on what individual resident assessment suggests for tailoring activities to individual residents.

Distinctive resident preferences are increasingly apparent over time through communication and observation of participation in core programs. Activities should be carried out according to residents' responses to routine monitoring of programs. Individualizing activities creates an awareness of the continually evolving needs and interests of the residents. Activity program development, like resident assessment, is a constant process of change and adapting to change.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 1: Leisure Assessment

Activity Sheet

1. Define assessment.

   _____

   _____

2. Describe the relationship between residents' assessments and the facility activity program.

   _____

   _____

3. When does the assessment process begin?

   _____

4. What are the three components of leisure assessment?

   a. _____

   b. _____

   c. _____

5. List three types of leisure assessment tools.

   a. _____

   b. _____

   c. _____

Clinical/Laboratory Activities

1. Sit with an activity director as he or she assesses a resident's leisure preferences.

2. Review completed resident assessments to look for examples of activity pursuit patterns, programs adapted to suit resident abilities and interests, and examples of in-room programming.

3. Choose an example assessment tool to assess your own leisure lifestyle. Next, select a family member, friend, or a student in class and assess his or her leisure lifestyle using an assessment tool. Try using an assortment of tools to practice different types of assessment.

Lesson 2:
Resident Assessment

Objectives:

A. Identify Minimum Data Set (MDS).

B. Complete the activity section of the MDS.

Key Terms:

- Resident Assessment Instrument (RAI)
- Minimum Data Set (MDS)
- Resident Assessment Protocols (RAPs)
- Triggers

Minimum Data Set (MDS)

The activity director needs to be aware of the federal government's rules regarding the interdisciplinary assessment used by long-term care facilities. As of October 1990, all long-term care facilities in the United States that are federally certified to receive Medicare funding must comply with the new federal regulations known as the Omnibus Budget Reconciliation Act (OBRA). These regulations shifted the emphasis of federal policy from only providing quality nursing care to providing quality to every aspect of the resident's life. These new regulations focus on the individual and how facility staff provide personal respect, a homelike environment, and care. Significant changes in the work of activity and social service professionals have resulted from the new OBRA regulations.

OBRA required the development of a comprehensive, standardized assessment process. After years of research, a resident assessment tool has been developed. All facilities participating in Medicare or Medicaid programs must use the current version of the Health Care Finance Administration's Resident Assessment Instrument to assess residents. **The Resident Assessment Instrument (RAI)** consists of two parts: the Minimum Data Set for Nursing Home Resident Assessment and Care Screening and the Resident Assessment Protocols. The **Minimum Data Set (MDS)** determines the minimum information needed to begin a comprehensive assessment. It recognizes the resident as an individual with diverse physical, emotional, and social needs. While many aspects of the MDS focus on the functional status of the resident, other items address individual preferences such as customary routines and activities. The MDS takes a holistic view of individual residents and assists in identifying how residents' strengths and needs in one area affect other areas of their lives

Resident Assessment Protocols (RAPs) consist of "triggers" and related guidelines that are linked to one or more particular MDS items. **Triggers** are indicators that flag actual or potential problems. The guidelines provide a framework for in-depth assessment of specific problem areas. For example, if the MDS shows that a resident has fallen in the last 30 days, the RAP for falls will be triggered. The RAP guidelines help facility staff identify the underlying cause of the fall (e.g., hypotension as a side effect of medication). Knowing the cause will help prevent future risks of falling. Together, the MDS and the RAPs form the basis for developing a resident care plan. The RAI manual includes instructions for completing the MDS. It also explains the meaning of the information provided for each section of the MDS.

Activity Director

The activity director should complete a leisure assessment first and use this information to complete Section N. Activity Pursuit Patterns of the MDS. The purpose of this section is to record the amount and types of interests and activities that the resident currently pursues, as well as activities the resident would like to pursue that are not currently available at the facility. Figure 2.1 and Figure 2.2 provide examples of how to apply information about a resident to the activity/leisure assessment section of the MDS. Figure 2.1 is a case study that was used to complete Section N. Activity Pursuit Patterns of the MDS shown in Figure 2.2.

Figure 2.1 - Case Study for the MDS

Case Study

Resident: Carl
Diagnosis: Cerebral Palsy, Mental Retardation, and Contractures of all extremities

Carl is a 68-year-old man who has lived at the facility since 1988. His only family is a niece and cousin who live out of the state. His niece calls to see how he is doing and if anything is needed. She sends gifts, letters, and cards.

Carl likes to talk and laugh with the staff. During the staff visits he is verbal but is difficult to understand and uses a lot of facial expressions when communicating. He is oriented to some staff names, mostly, the direct care givers. He is oriented to the long-term care facility and can tell you his needs if staff can understand his communication.

He is in bed much of the time. He is awake all morning but sleeps for several hours in the afternoon. He is up in the wheel chair for short periods before and after meals and will remain out of bed at times if there is an activity he wants to attend. He enjoys activities in his room, the activity room, and anywhere inside the facility. He likes to play cards and games, listen to country music; and watch television. He likes sports (especially the Cardinals) and exercise games even though he has severe physical limitations. He likes to read and write, and he especially likes talking and laughing with the staff. He has recently become tired of the same radio station and is getting bored with the same activities in his room.

He has contractures of all extremities. He moves his arms and legs slightly with much effort, and he has spasticity of his extremities. He has splints on his fingers, hands, and wrists. He does not have splints on his feet or legs, and his feet are somewhat clubbed. He has recently developed a pressure sore on his buttocks. The staff must assist him completely with all of his activities of daily living.

Figure 2.2 - Completed Sample MDS Section N.

SECTION N. ACTIVITY PURSUIT PATTERNS

1.	TIME AWAKE	(Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour per time period) in the:				
		Morning	a.	Evening		c.
		Afternoon	b. ✓	NONE OF THE ABOVE		d.
(If resident is comatose, skip to Section O)						
2.	AVERAGE TIME INVOLVED IN ACTIVITIES	(When awake and not receiving treatments or ADL care) 0. Most--more than ⅔ of time 1. Some--from ⅓ to ⅔ of time 2. Little--less than ⅓ of time 3. None				✓
3.	PREFERRED ACTIVITY SETTINGS	(Check all settings in which activities are preferred)				
		Own room	a. ✓			
		Day/activity room	b. ✓	Outside facility		d.
		Inside NH/off unit	c. ✓	NONE OF THE ABOVE		e.
4.	GENERAL ACTIVITY PREFERENCES (adapted to resident's current acilities)	(Check all PREFERENCES whether or not activity is currently available to resident)				
		Cards/other games	a. ✓	Trips/shopping		g.
		Crafts/arts	b.	Walking/wheeling outdoors		h.
		Exercise/sports	c. ✓	Watching TV		i. ✓
		Music	d. ✓	Gardening or plants		j.
		Reading/writing	e. ✓	Talking or conversing		k. ✓
		Spiritual/religious activities	f.	Helping others		l.
				NONE OF THE ABOVE		m.
5.	PREFERS CHANGE IN DAILY ROUTINE	Code for resident preferences in daily routines 0. No change 1. Slight change 2. Major change				
		a. Type of activities in which resident is currently involved				0
		b. Extent of resident involvement in activities				0

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 2: Resident Assessment

Activity Sheet

1. What do the following abbreviations stand for?

   MDS_____

   OBRA_____

   RAI_____

   RAPs_____

2. What is the purpose of the MDS?

   _____

   _____

   _____

3. What section of the MDS is the activity director usually responsible for completing?

   _____

   _____

4. What is the relationship between the MDS and the RAPs? Describe how the two processes work together.

   _____

   _____

   _____

   _____

Clinical/Laboratory Activities

1. Sit with an activity director as he or she completes the activity section of the MDS.
2. Ask an activity director to describe how the RAI helps him or her to provide appropriate activities for individual residents.

Lesson 3: Documentation

Objectives:

A. Differentiate a goal from an objective.

B. Identify the purpose of writing goals and objectives for the activity program.

C. Identify the components of a complete objective.

D. Document progress of activity goals.

E. Identify the responsibilities of the activity director regarding documentation.

F. Write progress notes.

G. Complete activity participation documentation for activities.

H. Evaluate care plan goals and revise as needed.

Key Terms:

- Care plan
- Goal
- Objective
- Condition
- Behavior
- Criteria
- Progress note
- Record of activity participation

Documentation can be one of the most time-consuming, frustrating, and demanding parts of the activity director's job. However, if done correctly and consistently, documentation will ensure that an activity program meets the needs of residents. Documentation is also required by facility policy and procedures and state and federal regulations.

Goals and Objectives

Each individual in a long-term care facility should have an individualized care plan which is based on the results of the assessment process. The **care plan** consists of goals and objectives tailored to meet the special needs and interests of the residents.

A **goal** is a statement of intent; it is the result that one strives to attain. Each individual treatment plan should contain specific goals. **Objectives** are the steps necessary to reach each goal. They are descriptions of behaviors or performances which the resident must exhibit before he or she is considered to have attained the goal.

The following is an example of a complete goal statement.

> The resident will demonstrate independent ability to pursue community leisure activities by collecting brochures/flyers about community activity programs and events; the resident will review materials with activity staff at least once per week beginning May 1, 1998.

Purposes of Writing Goals and Objectives

The purposes of writing goals and objectives are:

1. To provide a sound basis for the selection or design of activities and interventions,

2. To create a basis for determining when the purpose of the instruction or treatment is accomplished,

3. To give the resident the means to organize his or her efforts toward accomplishing the task, and

4. To comply with state and federal regulations.

The resident should be involved as much as possible with care planning from the beginning. Be sure to set reasonable goals. Be sure that the goals are achievable given the resident's present level of functioning and the time and resources available. Write objectives by listing the steps necessary to reach each goal. List all things that must be done to achieve each goal. State clearly what the resident will do, what the staff will do, and when the resident should reach the goal.

Not every resident will be cooperative in goal setting, but following two simple steps will help make it a positive experience:

1. Increase positive behavior. Identify the activities during which the resident exhibits his or her best behavior. Encourage the resident to spend more time on these activities.

2. Try a smaller goal. Choose something small to work on at first to increase the chances of success.

The following are common errors in goal planning.

1. Not noticing the small steps residents are taking to improve.

2. Doing too much for the residents. Residents should be allowed to tackle activities on their own.

3. Only noticing resident's problems. Pay attention to the individual's strengths and to what he or she can accomplish as well.

Components of a Complete Objective

An objective is a step toward a resident's goal. Objectives consist of three distinct parts: the condition, the behavior, and the criteria. The **condition** is the situation under which the desired behavior will occur. The condition sets the stage by identifying necessary equipment, activities, time lines, and other events that are essential to the performance of the desired behavior. Usually the condition is the first phrase of the objective and is often set off from the rest of the objective by a comma. The following are examples of conditions:

On request, the resident will . . .
When given the necessary equipment, the resident will . . .
When given the choice of three activities, the resident will . . .
During ceramics, the resident will . . .

The **behavior** is the phrase that identifies what the resident will be doing to demonstrate the desired knowledge, skill, or ability. It must be observable and measurable. The working phrase for a behavior will always include "the resident" or the name of the resident followed by an action verb.

Example:

> ...the resident will demonstrate the ability to initiate conversation . . .
> ...the resident will demonstrate increased endurance . . .

When the action verb is abstract or indirect, it must be defined with a phrase such as, "as evidenced by . . . "

The **criteria** determine the exact amounts and nature of the behavior that proves the objective has been met. A criterion is a precise statement or standard. Good statements of criteria are so clear that two or more different evaluators have no trouble deciding whether the desired behavior occurred. Commonly used types of criteria include the following:

1. Success ratio for a certain number of trials - Use for behaviors that may occur by chance, such as serving a ping- pong ball.

   ...three out of five times

2. Level of accuracy

   ...three times in succession
   ...putt three out of five golf balls into a circle that has a one yard radius

3. Amount of time - Use for behavior that is unlikely to occur by chance (e.g., swimming, running, bike riding), which can be assessed by answering "yes" or "no" to whether the client can or cannot do the behavior.

   ...walk the length of the hall within one minute

4. Percentage or fraction - Use for behaviors that are valid only if maintained over time, such as many sports.

   ...hit the target with bean bags 50 percent of the time

5. Form - Use for behaviors requiring specification of form to be appropriate.

   ...swim 25 yards using the side stroke as described in the *Red Cross Manual*.

6. Procedures and characteristics - Use for behaviors that require the resident to demonstrate steps of a procedure in a set order.

   Upon request, the resident will demonstrate the ability to measure his or her own pulse as characterized by the following:

   1. Placing second and third fingers on the neck;
   2. Finding pulse and maintaining finger position;
   3. Counting number of beats for thirty seconds;
   4. Doubling that number to get a heart rate.

Goals and objectives must be realistic and attainable for each individual resident. They should be specific and measurable, not vague. An example of a vague goal is "to increase the resident's self-esteem." This is vague because self-esteem cannot be measured. Stay focused on real-life practical goals and easily observable and measurable objectives.

Remember that facility residents are people and not just "residents" or "clients." It is very important to look beyond residents' disabilities and diagnoses to explore their backgrounds, interests, and strengths. Facility staff members might call a resident "one of our Alzheimer's residents" or "one of our Parkinson's patients." This is a form of labeling and depersonalizing people and creates a sterile environment for the residents. Treating residents like individuals and focusing on their strengths will provide a more therapeutic environment conducive to rehabilitation and quality of life.

Activity Director's Responsibility for Documentation

Many activity directors consider paperwork burdensome because they perceive it as taking time away from the residents. Documentation should be considered a tool of care, not a diversion from care. It is very important that time is set aside to complete the necessary documentation. After all, the documentation completed by the activity director is the major source of information for state and federal inspectors evaluating the activity program. Time set aside daily, weekly, or monthly to complete documentation varies according to the number of residents in the facility. If necessary, close the door to the office, take the phone off the hook, and devote the proper amount of time to work on it. Scheduling this time will make documentation easier and less burdensome.

The principles of documentation include writing entries into the record that are permanent, legible, timely, accurate, and authentic.

1. Permanent - All entries must be made with a black ink pen so that they can be photocopied. Do not use pencil, erasable pen, or a felt tip pin which may run when wet. Your entry should not be erasable or alterable once in the record. If you make a recording error, mark through it once, write the word "error" above it, and initial it.

2. Legible - Write clearly. Print if your penmanship is poor. Others must be able to interpret what is written. Do not use short hand or other personal abbreviations. Only use abbreviations and symbols approved by the facility.

3. Timely - Document events as they occur, noting the complete date (month, day, and year) and time. Don't rely on memory and don't document in advance. Never backdate, tamper with, or add to notes previously written. Never write between lines or squeeze in words after the fact. The record should never appear altered with the intent to mislead.

4. Accurate - Entries should be factual and should describe only the events directly observed. They should be objective, describing what you see, hear, smell, or touch. Do not record subjective entries - hearsay, statements from others, and opinions or feelings, unless directly quoting a resident or family member.

5. Authentic - Sign all entries with your name and title. Example: Jane Doe, Activity Director.

Writing Progress Notes

The activity **progress note** is a periodic review of the resident's current functioning and needs. It is a record of observations, a measure of performance, and a review of activity preferences of residents based on care plan goals. Progress notes are an essential part of the documentation process. They offer a summary of participation in activities as specified in care plan goals and objectives.

Generally, progress notes are required monthly or quarterly and are kept with the resident charts. Figure 3.1 gives an example. Progress notes must also be made any time a change occurs or an unusual event occurs.

Tips for Writing Progress Notes

1. Write notes legibly. Check to see if other people can read your writing.

Figure 3.1 - Sample Activity Progress Notes

Name *Jane Doe*
Client # *0123*

ACTIVITY PROGRESS NOTES

Date	Participation Hours	Activity - Comments
11-6-96	*1 hr.*	*Bowling*
11-12-96	*1-1/2 hrs.*	*Watched group play Trivial Pursuit - said she was "not feeling well" and was "not in a good mood."*
11-15-96	*1 hr.*	*Ms. Doe attended ceramics today but did not actively participate. She appeared restless (was unable to sit still and paced in hallway for entire hour) and talked to herself. When other clients asked her to join the group she shouted, "Leave me alone."*
11-18-96		*Ms. Doe was transported to Fulton State Hospital last night.*
11-30-96	*1/2 hr.*	*Ms. Doe returned from hosp. yesterday. Attended exercise group today - required verbal prompting to stay on task.*
12-6-96		*Ms. Doe entered sheltered workshop employment today. Apparently will be unavailable for activities during length of employment.*

2. Sign and date all notes. Always sign your name with first initial, last name, and job title. For example, M. Smith, Activity Director.

3. Use simple, correct terminology. Use correct grammar, spelling, and punctuation. Refer to a dictionary if necessary. Only use facility-approved symbols and abbreviations.

4. Use a ball-point ink pen and never erase mistakes. If you make a recording mistake, draw a line through the error, write the word "error" above it, and write your initials.

5. Refer to residents by their last names or as "the resident." Do not use the first name only.

6. Notes must be precise and exact. Write observations in an objective way rather than subjective. For example, say "Found Mrs. Smith seated on the floor," rather than "Mrs. Smith fell on the floor."

7. Second-hand information such as information that was told to you by the resident's roommate should be recorded by describing the situation and name of the individual who gave you the information.

8. Use direct quotes when describing an emotional statement. For example, Mrs. Smith stated, "I am so depressed today."

9. Indicate the number of times an event occurs during an activity, day, week, etc.

10. Record resident's reactions to family and visitors.

11. Respect confidentiality of records. Do not discuss record content with anyone except other care givers in the facility.

The following are two suggested methods of managing the task of progress notes using the example of an activity director working with 60 residents based on the need for quarterly progress notes.

- Formula Method
  60 residents divided by 3 months = 20 notes/month.
  1 month = 4 weeks x 5 working days = 20 days
  20 notes/month divided by 20 days = 1 note/day

- Card File Method
  Set up a 12-month card file. If a resident is admitted in June and an initial assessment is completed, file his or her card in September. As notes on residents are completed, immediately file their cards in the month in which they are due, usually quarterly.

Complete Appropriate Documentation for Activity Participation

Another common form of documentation is a **record of activity participation** that records information about a resident's participation in monthly activities. Figure 3.2 is an example of an activity participation record. There are several methods of documenting resident participation, including forms designed for an individual activity program. Activity participation records are not included in resident's chart but remain in the activity director's office.

Documentation should show if the resident was an active or passive participant, did or did not socialize, stayed for the activity or left early, fell asleep during the activity or

Figure 3.2 - Sample of Resident Activities

DOCUMENTATION OF RESIDENT ACTIVITIES

ACTIVITY MONTH:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

\+ ACTIVE
\- PASSIVE
* LEADERSHIP ROLE

RATING SCALE (Bottom)
0 Unable to Perform
1 Will Permit Maximum Assistance
2 Can Perform with Minimal Assistance
3 Will Attempt to Perform
4 Can Perform Independently
NA Not Applicable Due to Physical Condition

was disruptive, etc. All of this information can help in planning the goals, objectives, and care plan for the resident.

Evaluate Care Plan Goals and Revise as Needed

Monitoring resident involvement in activities will help you to measure effectiveness of activities in meeting residents' goals. Progress notes and care plans are important measures of the effectiveness of an activity program for an individual. Reviewing the care plans of all the residents will help identify and keep current their activity needs and interests. Progress notes and involvement records should identify the amount and pattern of time each resident spends in individual activities and more structured group programs. Comparing the progress notes to the care plans will determine the adequacy of the activity program in meeting the needs and interests of the residents. If a resident's progress notes show that he or she could not meet the objectives of a care plan goal, activities should be revised to reflect the resident's changing needs.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written evaluation for this unit. A score of at least 80 percent indicates you may proceed to the next unit.

Lesson 3: Documentation

Activity Sheet

1. What is the difference between a goal and an objective?

   _____

   _____

   _____

2. What are three reasons to write goals and objectives?

   a. _____

   b. _____

   c. _____

3. List two steps to help residents to become involved in goal setting.

   a. _____

   b. _____

4. List the three common errors in goal planning.

   a. _____

   b. _____

   c. _____

5. What are the three parts of an objective?

   a. _____

   b. _____

   c. _____

6. Provide an example of "people first" language.

   _____

   _____

7. What are the five principles of documentation?

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

8. What is a progress note?

   _____

   _____

9. How can you evaluate the effectiveness of your treatment goals?

   _____

   _____

   _____

   _____

Clinical/Laboratory Activities

1. Use case studies to write an example of a goal.

2. Using the assessment you conducted on yourself or on someone else, write treatment goals.

3. Find a care plan goal related to activities in a chart. Describe how the goal relates to the resident's assessment.

Unit Checklist

Student Name _____ Overall Unit Rating_____

Activity Sheet: Leisure Assessment Rating _____

Comments: _____

_____

_____

Activity Sheet: Resident Assessment Rating _____

Comments: _____

_____

Activity Sheet: Documentation Rating _____

Comments: _____

_____

_____

Written Unit Evaluation Score _____

Additional Comments: _____

_____

_____

Teacher Signature _____ Date _____

Student Signature _____ Date _____

Unit V

Programming

This unit provides information for planning and leading activities. The activity director must consider many things when programming activities. He or she must consider the benefits that residents receive from different types of activities and how to meet resident care plan needs and interests. A list of ideas for activities and resources for finding activity adaptations is also provided.

Unit Lessons

Benefits of Activities

Activity Planning

Leading and Adapting Activities

Lesson 1:
Benefits of Activities

Objectives:

A. Compare and contrast therapeutic and diversional activities.

B. Individualize activities to meet care plan goals.

C. Identify the social, physical, cognitive, emotional, and sensory aspects of an activity.

D. Analyze the benefits of the particular activity.

E. Determine the age appropriateness of an activity for an individual.

F. Identify the importance and appropriateness of music.

Key Terms:

- Therapeutic activity
- Diversional activity
- Music therapy

Therapeutic and Diversional Activities

A **therapeutic activity** has social, emotional, physical, cognitive, or sensory benefits for residents. A care plan is developed using a resident's previous leisure experience and expressed activity interests. This plan also recognizes the resident's physical limitations and the overall goal of the multi-disciplinary health team. With these goals in mind, therapeutic activities are chosen that are enjoyable and meaningful for the resident and that promote the success of a resident's other therapies.

Diversional activities are mostly for entertainment. Therapeutic benefits may result from diversional activities, but that is not the intended purpose. For instance, if socialization is a goal for a resident, a dance may be considered therapeutic if prescribed in his or her care plan. For someone else, the physical exercise of a dance may satisfy a goal. The general goal of the dance, however, may be to have fun.

Design Activities To Meet Care Plan Goals

Care plan goals are easier to accomplish and participation increases when activities are challenging and interesting to the residents. Programs should be individualized to encourage social interaction and contact between residents who have similar interests. Activities should also encourage individuals to use skills that they are working on with other therapists.

Knowing each resident is important for matching them with appropriate activities. For example, if a care plan goal for Mrs. Smith is to increase socialization, you must first learn what Mrs. Smith enjoys and *does not* enjoy socially. Mrs. Smith was active in her Southern Baptist church and even led Bible study. With this in mind, you might encourage her to be active in the church and Bible study activities at the facility. If possible, get her involved in a local Southern Baptist church or help her keep in touch with her home congregation. You should not expect positive results from having her attend the Valentine's Day dance, since her religious beliefs may forbid dancing.

The activity schedule should support residents' previous lifestyles. Work-type

activities are usually preferred earlier in the day and leisure activities later. Opportunities should be available for residents to plan and lead activities in the long-term care facility and to offer community service. Leadership roles in the facility support the previous lifestyles of some residents and may be the best way for them to regain self-esteem.

A variety of activity choices allows residents to structure their leisure time. Residents are encouraged to use their leisure skills outside the formal program. Examples of self-directed leisure involvement include playing cards in the evening, making crafts while watching TV, and informally discussing topics from earlier discussion groups

Social, Physical, Cognitive, Emotional, and Sensory Aspects of an Activity

Most activities have several therapeutic benefits. The benefits of each activity will likely go beyond the targeted outcome for a particular resident. For example, exercise activities are often social as well as physical. Physical activity improves a person's emotional outlook. A walk offers new views, smells, sounds, and social contact. Bowling is physical, social, sensory, emotional, and also requires the cognitive task of keeping score.

As mentioned earlier, the benefits of each activity may vary for each person. The challenge of bingo may be cognitive for some as they identify the proper numbers and letters. For others who need to improve their fine motor skills, placing the chips on the bingo card is physically therapeutic. Some people may benefit most from the social interaction. The sensory aspect of being in a new environment or the emotional benefit of winning a prize may be the most rewarding to other people.

Consider the many benefits of crafts. There are social, physical, cognitive, emotional, and sensory aspects of crafts. Social aspects include being with other people. Friendships develop when people spend time together. Gift-making allows the residents to reach out to a friend or relative. Physical benefits include the exercise of making the craft, improved fine motor skills, hand-eye coordination, and increased circulation gained by being active. Cognitive benefits come from learning a new skill, improved memory, decision making, and creative expression. Emotional benefits include feelings of accomplishment, increased self-esteem, and having something to anticipate. Crafts can involve each of the senses: touch, sight, smell, hearing, and taste.

Activities for different interest groups increase socialization. People find that they have more to talk about as they discover shared interests. Group discussions are cognitively stimulating and often produce social connections between strangers as they learn what they have in common. Those who lived through the same period of history were affected by the same historical events. This common ground can lead to emotionally satisfying friendships. For residents who usually stay in bed or are isolated, getting to the activity is physically beneficial. Discussion groups have several sensory aspects as well: seeing and hearing others, shaking hands, smells of different surroundings, and sometimes refreshments to enjoy.

Olympic games between different facilities have many benefits. Preparing the residents to compete will teach them new cognitive and physical skills and give them something to anticipate. People will get to know each other better socially by working together within the facility. New

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friendships will also be made with residents from other facilities. The event will promote emotional involvement through team spirit and friendly competition. Colors of banners, the sounds of the races and music, prizes, and refreshments are all sensory stimulation. The physical activity required to participate in the games is beneficial. Winning, or even trying will give residents a feeling of pride and something to discuss socially long after the event.

Age Appropriateness of an Activity

Activities are considered age appropriate if they fit the interests, attitudes, and personalities of the people of a certain age group. Many residents currently in long-term care facilities followed a certain work ethic throughout their lives. Such people are usually more interested in activities with meaning and purpose than in fun activities. If an activity seems silly or meaningless, residents may not be interested. Properly chosen activities challenge the individual's productive and creative abilities. Many seniors enjoy volunteering, gardening, writing, and making crafts and gifts. Programs should be updated as the resident population changes.

The activity director must also consider the individual preferences of each resident. The resident has the right to choose any activity. While the activity director should provide materials appropriate for adults, a resident may choose an activity that appears inappropriate for his or her age, such as coloring in coloring books with crayons. If a resident chooses an activity considered inappropriate for his or her age, even after being offered an appropriate activity, the choice should be documented. Documentation is important to decide if chosen activities are meeting the goals of the individual or group. Communicating with residents may indicate needed adaptations to activities. Artistic residents who are no longer able to use watercolors with brushes may be able to use sponges.

Inter-generational activities are often enjoyable for older people. These activities include projects in which seniors work with children. Inter-generational activities may appear childish if the senior did it alone but are appropriate when children are involved.

To help decide if an activity is appropriate for an individual's age, decide if the person would enjoy the activity if he or she were still living at home. Consider whether your friends or relatives who are similar in age to the resident would enjoy the activity. Remember that individuals from the same generation may not all share the same interests or beliefs.

Importance and Appropriateness of Music

Many residents have musical skill and experience. Before television and radio, many families gathered around the piano for entertainment. Music is a powerful way to stimulate memories and bring about discussions of common experiences. **Music therapy** uses music in education and treatment of people who need special help because of functional disorders. Music therapists have been trained to deal with anger, frustration, grief, and other unexpected negative feelings that music sometimes brings out. Music participation may uncover talents and interests from a resident's past.

Offer music activities outside of the music therapy program as well. Everyone can be creative with music regardless of

functional level. Rhythm instruments allow even the most disabled to participate. Some residents view music groups as classes and look forward to regular weekly meeting times. Music groups help increase socialization, validate one's past experiences, express one's feelings with peers, and explore changes in the world in one's lifetime. Songs can be used to inspire discussion. Evaluate each session for its effectiveness and to see if goals were achieved.

Music participation can encourage a positive self-image. Music helps people who have emotional and physical disorders by offering interaction with others, a sense of belonging, communication, and avenues toward improved physical coordination.

Music and art activities are often successful with those who have Alzheimer's disease, as both activities involve long-term memory. The talents revealed are rewarding to both the resident and those who love the person.

The choice, timing, and volume of music determines its appropriateness. Background music is often a good way to set the mood for a specific activity. Constant background music is not usually enjoyed, however. Recorded music works well for a music appreciation group as long as the sound quality is good. Piano, guitar, auto harp, and rhythm instruments can all be used to accompany songs. Make sure people with hearing difficulties can hear, but that the music is not blaring or too soft.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 1: Benefits of Activities

Activity Sheet

1. How is a therapeutic activity different than a diversional activity?

   a. _____

   b. _____

   c. _____

2. How can bingo satisfy the following needs of the residents?

   Cognitive_____

   Physical_____

   Social_____

   Sensory_____

   Emotional_____

3. List at least one social, physical, cognitive, emotional, and sensory aspect of crafts.

   Cognitive_____

   Physical_____

   Social_____

   Sensory_____

   Emotional_____

4. List three ways to determine if an activity is age appropriate.

   a. _____

   b. _____

   c. _____

5. How can music be important in the long-term care facility?

_____

_____

_____

_____

6. What three elements determine the appropriateness of music?

a. _____

b. _____

c. _____

Clinical/Laboratory Activities

1. Discuss diversional and therapeutic activities with an activity director. Identify the therapeutic qualities of normally diversional activities for some residents.

2. Discuss ways of motivating residents to participate in activities with the activity director. Identify a resident who does not participate and try to discover an activity of interest to him or her. Find out his or her past interests and what he or she might like to do now.

Lesson 2: Activity Planning

Objectives:

A. Determine what should be considered when planning an activity.

B. Identify safety concerns for activities.

C. Identify steps of procedure for planning activities.

D. Plan activities.

E. Match activities to program areas.

F. Develop a list of resources available in your community.

General Guidelines for Activity Planning

The activity director has many things to consider when deciding what activities to include in the activity program. The following are guidelines to keep in mind when planning activities.

Offer a variety of activities. Plan activities to provide opportunities for all residents. Offer a wide range of choices: active, passive, individual, group, diversional, therapeutic, and varying levels of ability. Plan indoor and outdoor activities. Research ways to accommodate those with disabilities and assure safe and healthy conditions for all.

Plan activities that meet a wide range of individual needs. Provide opportunities for social interaction, leadership, creative expression, individual achievement and recognition, new experience, and instruction in new skills. Provide the opportunity to learn a new skill and to practice the skill to develop expertise.

Offer activities the residents want. Allow the residents to influence the choices of activities. Whenever possible, use ideas from the resident council, the suggestion box, or individual suggestions. Acknowledge and thank the people who offered the ideas.

Carefully schedule activities. Schedule activities to allow as many interested residents and staff to participate as possible. Work around the schedule of the facility. Avoid fatigue by alternating active and passive activities. Offer cognitively stimulating activities before lunch. Be sure to schedule exercise at least three times a week for 30 minutes. The maximum time for an activity should be 45 minutes, due to the generally limited attention span of most residents.

Encourage interaction and interest with creative scheduling. A variety of activities can take place simultaneously in the same area. Physical, mental, and creative activities all happening in the same area provides a community feeling. Offer several choices so that people with different interests can still interact and observe what others are doing.

Promote interest throughout the facility. Invite all staff and family members to get involved in the fun. Weekly themes increase enjoyment and meaning and help relate one activity to another. Another way to link activities is to prepare for a special event. Make the decorations during a crafts class and the refreshments in cooking class. This will help connect the participants to the event and will probably increase participation.

Keep residents aware of the time of year. Include traditional and seasonal activities. Make sure these activities are well-

publicized so people can plan and look forward to them. Anticipation is a very important part of a successful activity.

Give plenty of notice for upcoming events. Publicize activities with signs, calendars, and verbal reminders for participants and staff. Post monthly calendars, announce activities in the facility newsletter, and use newspaper press releases for special events.

Be willing to try a new activity even if "it has never been done that way before." To improve the activity program, continuous evaluation and modification is needed. Future activities should reflect what has been learned in the past.

Planning an Activity

There are five areas of need that the activity director must consider when planning an activity.

1. Space - The amount of room needed for the activity is not the only consideration. Will the activity be indoors or outdoors? Is it quiet or noisy? Will the group be large or small? How much room is needed to complete the activity successfully? What is the desired air temperature for the comfort of the residents? How many electrical outlets are needed? Is there enough light in the room?

2. Cost - What is needed to conduct this activity successfully? List the equipment, consumable supplies, cost of admission, refreshments, costumes, and transportation, as they apply to a specific activity. Getting an accurate estimate of the cost of a program may require many phone calls.

3. Help - Consider the staff needed to accompany and transport the residents to the activity. The activity staff needs to cooperate with the nursing staff to allow time to help prepare the residents for an activity. Some activities will also require extra hands to help the residents. If outside groups are coming to help, make sure they know the time and place. Regular volunteers and occasional visitors need to know how they could assist. They need to know any special needs and limitations of the residents.

4. Supplies - When planning a craft session, prepare for everything from table protection to how to display the completed project. Think through each activity thoroughly and list all supplies and equipment required for the activity. Will the group need extension cords? Do the residents need sun hats, sunscreen, and garden tools while walking outside or working in the garden?

5. Time - Allow time to gather the residents and to take them back to their rooms. If the activity staff is limited, stagger activities to allow time to transport the residents. Activities often vary from the time allotted for them. The leader must be flexible and adapt the schedule accordingly. Communication is very important when schedule changes occur. The staff and residents need to know when an activity is delayed or rescheduled.

Safety Concerns for Activities

There are many safety precautions that must be considered when planning and leading activities. Most long-term care facilities will provide a list of safety concerns and procedures. The following are examples of the many concerns activity staff should consider:

1. Consider accessibility and security when determining supply storage space. Prevent fire hazards by storing paint, turpentine, and any flammable materials in a metal cabinet. Prevent accidents by storing paper products, records, balls, fishing poles, etc., in closets or on shelves. Store chemicals in a locked cabinet. Avoid storing articles on top of lockers, cabinets, and other furnishings.

2. Consider the environment of outdoor activities. Is the area fenced to protect residents who wander from leaving the area. Consider the slope of terrain, accessibility of exits and entrances, and type of transportation needs when planning an outdoor activity. Do not allow residents using wheel chairs to use a ramp without assistance. Do not forget to think about sun glare, heat, cold, dampness, rain, snow, or the need for protection from the wind. Remember sunscreen especially for residents taking medications that cause increased sensitivity to the sun. Make sure that handicap-accessible, sanitary bathroom facilities, access to fresh water, and adequate light or shade are available. Residents' medication schedules must also be considered. Make sure a sufficient number staff members attend the outing to meet the residents' needs.

3. Take precautions to avoid the spread of infection. Encourage frequent and thorough hand washing. Obtain food-service gloves for everyone to wear during cooking activities. Clean up spills immediately. Monitor residents with mental disorders who may put items in their mouths. Regularly wash items handled by several residents, such as game pieces or paint brushes.

4. Be prepared for emergencies. Learn and practice the fire evacuation plan. Know how to properly lift and assist residents, or who to ask for help. Make sure exits are never blocked. Know location of fire extinguishers and how to use each type. Emergency phone numbers should be posted near every telephone. You should also be aware of your responsibilities in the case of tornado, explosion, or earthquake. Use only fire-resistant Christmas trees and decorations. Do not use candles, kerosene, or gasoline lamps or lanterns. Allow smoking only under supervision in approved areas. Provide large ash trays in smoking areas.

5. Evaluate the furnishings of the activity room. Place furniture to allow space for passage to doorways, hallways, and exits. Do not block exits. Store mops, brooms, and carts properly to prevent tripping hazards. Provide adequate lighting. Do not use extension cords except as a temporary measure. Tape loose cords to the floor to prevent residents from tripping. Only use well-balanced chairs that are in good repair.

6. Supervise activities involving dangerous equipment or supplies. Monitor residents using sharp tools or electrical equipment. Make sure there is adequate ventilation for activities involving substances that produce fumes, such as paints or glues. Never pick up broken glass with bare hands.

7. Know individual care plans and assessments. Always follow physicians' orders. Residents should stretch and warm-up before physical activities. Teach residents to monitor their exertion level during physical activity. Consider the floor surface when leading activities that involve

movement. Encourage the use of rails or chairs when residents may be doing an activity that may affect a resident's balance. Always consider dietary restrictions of individual residents when planning activities that involve food. Residents with diabetes should not be given alternative treats approved by dietary staff.

Steps of Procedure for Planning Specific Activities

Activity planning requires time and energy. Start early! Try to anticipate the special needs and possible challenges that may arise. Even with careful planning, adaptations may be needed at the last minute.

1. Choose an activity, time, and location at least two weeks in advance.

2. Recruit needed help. Involving more people generates enthusiasm. The activity staff can enjoy the activity more with adequate help. Arrange to have staff or volunteers help with set-up and clean-up.

3. Publicize the activity. Residents, as well as all others involved, need advance notice. For large events, the media should be contacted. Residents can help with invitations.

4. List all the materials needed and the quantity of each.

5. List the steps to follow during the activity. This is a helpful reference during the activity, when distractions are likely to occur.

6. Order or purchase materials well in advance.

7. Gather all the supplies and equipment. Test the equipment in the location of the activity.

8. If outside help has been arranged, confirm their schedule several days in advance, and again the day before the program. This pre-activity communication will eliminate problems ahead of time and assure a better program.

Figure 2.1 illustrates the steps for planning a flower arranging activity.

Local musical and dance groups are often willing to perform regularly at the facility. Most groups set up their own equipment. Find a group that is willing to come and that interests the residents. Once an appropriate group is found the preparation is relatively easy. The basic steps are outlined below. Many groups agree to return on a regular basis.

1. Find out what the facility needs to supply for the activity (space, electrical outlets, etc.)

2. Set the time and date.

3. Publicize the event to ensure a good crowd.

4. Arrange the space as needed.

5. Gather the interested residents and help them back to their rooms after the activity.

6. Staff members should attend the event. Do not assume the band will be in charge. Be alert to the interest level of the residents. Determine if they really enjoy the entertainment.

7. The social committee should send a thank-you note to the band.

Figure 2.1 - Planning for a Flower Arranging Activity

1. Several residents have shown an interest in flower arranging.
2. Find someone to teach the class.
3. Decide the time that is good for the residents and also the instructor (mid-morning is usually good).
4. Decide on a good location (one with tables).
5. Publicize the class in the facility newsletter, on signs, and in the monthly calendar. Remind people personally.
6. Find out what supplies each person will be need to make a small arrangement. (Small baskets, "frog," wire cutters, silk flowers, statice, scissors, ribbon, wire, Spanish moss, table cover.)
7. Determine how many helpers will be needed and schedule them.
8. Purchase the materials.
9. Make sure all the other needed equipment are on hand.
10. Call the instructor a few days before and also the day before the class. Confirm the time and place and double check the supplies list.

Match Activities to Program Areas

The following are common activities listed by program areas. There are many other possible activities that residents will enjoy.

Games

Active games involve large muscles and require physical exertion. Passive games require very little physical exertion and can be played while seated. The following are a few examples of active and passive games.

Active
Bowling
Basketball
Dart baseball
Horseshoes
Shuffleboard
Billiards

Passive
Bingo
Cards
Checkers
Chess
Bridge
Computer games
Connect Four
Crossword puzzles
Dominoes
Word games
Jigsaw puzzles

Sports

Host youth sports team practices at the facility

Attend a major league ball game
Super Bowl party
Senior Olympics with another facility
Walking group
Dart baseball
Frisbee toss
Golf
Beach ball volleyball
Yoga or exercise groups

Crafts

Certain supplies should always be accessible, so that people can stay busy as their schedule permits. Most people feel better when they are productive. To stay up to date on the latest craft ideas, attend meetings of activity directors' groups such as ADAM.

Jewelry
Flower arranging
Stencil greeting cards and stationary
Sea shell art
Decorate a balloon
Seasonal decorations
Quilting
Sewing
Leather work
Woodwork
Wheelchair repairs
Small-appliance repairs
Recycling crafts (wallpaper samples, plastic bottle tops, juice can lids)

Entertainment

Books and newspapers
Fashion show
Wig show
Play or concert
Sing-alongs
Local pageant queen talent
Gymnasts (floor exercise and tumbling)
Square dancing club
Rent a video
Family travel slides or videos
TV programs (*Wall Street Week in Review*)
Computer e-mail and discussion groups
Coffee or cocktail hours
Birthday parties
Trips outside the facility

Religious

Regular worship for different religious beliefs
Formal religious services
Bible reading and study
Religious and holiday discussions
Memorial services for residents who pass away

Arts

Resident performances
Poetry group (reading, writing)
Ideals magazine (reading and pictures - to order, call 1-800-558-4343)
Creative writing workshop
Choir or vocal music group
Resident musical recitals
Piano recitals by students of local music teachers
Dancing
Concerts and plays
Paint a hallway mural
Watercolor
Clay sculpting

Education

Local and facility libraries
Large-print reading materials
Audio books
Adult education programs (painting, computers, dancing, typing, and Bible history)
Lectures and discussions by community members
Trips to museums
Internet searches

Sensory stimulation

Older adults often have sight or hearing losses. Therefore, the more senses involved in an activity, the more residents

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will become involved in activities. A combination of sight, sound, touch, taste, and smell will help residents relate to the activity. Leaders can help people become more aware of their surroundings by describing the surroundings for those who have lost their sight, or offering items to hold and feel. Bring something new when visiting residents. Sharing something with a special smell or texture can trigger wonderful feelings and memories.

Flowers
Fresh baked goods
Bird watching
Caring for pet birds
Baking groups
Gardening
Arranging flowers
Nature walks

Reminiscence

Reminiscing that occurs during other activities can be the best. Discussions can become lively in small groups of individuals who are actively involved in an activity. Look for small events that can trigger pleasant memories. This often brings people together as they share a link to the past. Residents who view the past as negative may choose not to recall the past. Enjoying the present and planning for the future is a better goal for these people.

The BiFolkal® kit is designed to stimulate reminiscence using slides, music, skits, sensory stimulation, and crafts. It is available through the Wolfner Library in Jefferson City. Information about the library is in Unit V, Lesson 3.

Celebrate holidays (Valentine's Day, Halloween, Christmas, Hanukkah, Easter, Memorial Day)
Host a tea
Discussion groups (choose topic in advance)
Discuss favorite memories and accomplishments
Antique car show
Quilt-making or a quilt show
"90-years-and-over club"
Sensory stimulation through arts and crafts (textures, sounds, smells, and scenes often trigger recall of past events and special memories)
Gardening
Magazine photo collages
Storytelling
Tape memories to create oral biographies
Personal life history books, local history books
Personal mementos
Old photos, postcards, slides, videos, film
Museum objects, ration books, clothing, furniture
Comics, sporting equipment, games
Music, old records
Television and radio programs
Food packaging, recipe books
Genealogy searches

Food

Popcorn and refreshments during performances
Baking group
Special holiday foods
Invented celebrations (international meals, harvest or seasonal events)
Dining out group (residents choose restaurants - refresh restaurant skills)
Supper club monthly (special menu in a room away from the normal dining area for residents unable to eat in restaurants)
Adapted kitchen for resident use (low sinks, radar ovens, kitchen aids)
Meal planning
Grocery shopping
Thanksgiving dinner (residents can invite family or friends)
Vegetable garden
Cook-outs and picnics

Community Service

Fund-raising events for charities
Host trick-or-treating
Host and judge a pumpkin carving contest
Adopt-a-Grandparent program

Community Resources

Recreational opportunities increase with a thorough knowledge of one's community. Businesses and civic groups are good resources for activities. These groups may also help sponsor an activity and to make it more affordable. Since each community is different, the unique resources available will differ. Even a small community may have many resources. The local Chamber of Commerce, the phone book, the public library, and churches all provide information on community resources. Colleges and universities, businesses, clubs, and societies should all be considered community resources, as well as the Missouri Department of Conservation. Conservation agents throughout the state are available for presentations. All the supplies and assistance needed for group fishing trips are also provided through the Conservation Department.

For demonstrations, consider local florists, arts and crafts stores, dance studios, restaurants, bakeries, cosmetologists, and martial arts programs. Hobby groups, such as antique collectors, stamp and coin collectors, or photography clubs may bring in displays. Explore the possibility of bridge classes by the bridge club and gardening by the horticulture club. A local pastor could lead Bible study.

The local historical society, a travel agency, or the police or fire department may also give presentations. Discussion leaders may come from a variety of groups. Consider ecological and environmental clubs, professors of history or political science, health education, doctors, nurses, dentists, librarians, and pharmacists.

Invite someone from the humane society or pet store to have a pet show or pet grooming class in your facility. Recreation or art students from a college or university could lead activities. Art students may be interested in painting a mural on hallway walls. Music students could give concerts or fashion students could put on a fashion show. Explore the talents of the staff, residents, and families. Using all the resources in the community and surrounding areas will lead to a diverse program.

Always acknowledge contributors with a written thank-you letter. Make sure the contribution is mentioned in facility communications. If possible, send a press release to the local media about the contribution to the facility.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 2: Activity Planning

Activity Sheet #2

1. What are general guidelines for activity planning?

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

   g. _____

   h. _____

   i. _____

2. What five areas should you consider when planning for an activity?

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

3. What are five safety concerns to consider when planning activities?

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

4. List the steps of procedure for planning an activity.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

   g. _____

   h. _____

5. List two activity ideas for each program area:

   Games

   a. _____

   b. _____

   Sports

   a. _____

   b. _____

   Crafts

   a. _____

   b. _____

   Entertainment

   a. _____

   b. _____

Religious

a. _____

b. _____

Arts

a. _____

b. _____

Education

a. _____

b. _____

Sensory stimulation

a. _____

b. _____

Reminiscence

a. _____

b. _____

Food

a. _____

b. _____

Community service

a. _____

b. _____

6. List four places you can go to find community resources.

   a. _____

   b. _____

   c. _____

   d. _____

Clinical/Laboratory Activities

1. Discuss community resource ideas with an activity director. Decide which community resource will be of most interest to the residents. Contact a group or individual and arrange for an activity.

2. Identify how a chosen activity will meet the treatment goals and/or interests of at least five residents. List all the resources needed, such as space, funding, help, supplies, and time.

3. Following the procedural steps offered in this lesson, write out the step-by-step plan for holding a specific activity or program.

4. Discuss activities with an activity director. Catagorize the activities offered in the long-term care facility. What activities are physical, cognitive, creative/social, and sensory stimulation?

5. List resources available in your community. Include location, phone number, hours, cost, and description of activities offered. Find at least three resources, such as a ceramic shop, the library, craft shops that do demonstrations, churches, or restaurants that could provide activity opportunities for residents.

Lesson 3: Leading and Adapting Activities

Objectives:

A. Identify techniques for leading small and large groups.

B. Lead activities.

C. Identify techniques for adapting activities to facilitate or encourage participation.

D. Identify resources that supply adapted equipment and materials.

Leading Groups

A large group is appropriate for performances and other entertainment. Sound systems are needed to assure that everyone can hear. Seating should allow everyone a clear view of the stage. Large groups also work well with exercise activities. Though large group settings tend to be less personal, the leader should still make a point of greeting and acknowledging each person. A resident hospitality committee is one way to make everyone feel welcome as they enter a group setting.

A large group setting can include several small groups involved in a variety of activities. This approach satisfies a variety of interests in one location at the same time. It also increases socialization and interest in what others are doing.

Small groups are more personal and encourage relationships to develop. Any activity where instruction is given and assistance is needed will work better in a small group. Crafts are better done in small groups. Having more than one staff member to assist will help, even with a group of 6-8 residents.

Discussion groups should be small. Good discussions need to be in a setting where everyone can hear and also feel comfortable to really share their thoughts.

Humor as a Leadership Technique

The use of humor is important in a long-term care facility. Laughter reduces stress and enhances social situations. Humor can counteract negative life experiences and make a person's outlook more positive. Smiling improves one's mood and is also good for the body. Be sure to laugh with and not at others. The leader can set a humorous tone by becoming the subject of a joke which will help others to relax.

Some long-term care facility environments seem to inhibit laughter. Staff members need to understand the potential benefits of a humor program and to reassure residents that laughter is therapeutic and appropriate. A predictable institutional setting may make humor difficult. The addition of a porch swing, a humorous picture on the wall, or an antique brain teaser puzzle can add an element of surprise to the long-term care facility.

Steps of Procedure for Leading Groups in Activities

1. Set up the room for the activity.

2. Gather the residents. Allow adequate time, and enlist help from other facility staff or volunteers.

3. Position the group so that everyone can see and hear.

4. Greet everyone in a friendly way. Thank them for coming, keep smiling,

and remember that you are in their home. Be kind.

5. Carry out the activity. Be ready to adapt and improvise. Use your imagination and really listen to those who are sometimes hard to understand.

6. As an activity ends, remind the participants of upcoming activities. This helps link the activities together and helps the residents to plan for future activities.

7. Clean up.

8. Send thank-you notes to those who helped. Residents can be involved in this, both making the cards and sending them.

The specific steps for leading the flower arranging class discussed in the previous lesson are:

1. Set up the area before the activity is scheduled to begin.

2. Gather the residents. Have the instructor demonstrate the activity by making a sample.

3. Allow the participants to choose from all available materials. Help as needed. (Each person keeps the arrangement they made unless the group has decided another use for them.)

4. Clean up. Save the usable supplies and discard the scraps. Clean the table and sweep the floor.

5. Design and send a thank-you note to the instructor.

Techniques for Adapting Activities

There are many economical ways to adapt equipment for people with disabilities. Velcro can be used to strap instruments onto a hand, or to adapt handles for residents who cannot grip well. A Styrofoam ball secured to the table allows a person with the use of only one hand to thread a needle by sticking the needle in the ball to hold it steady. Clamps secured to tables help steady crafts. Lap desks with bean bag bottoms are an easier surface for some residents to use. Some residents need wide objects to grip. Use jumbo pens and markers or use pipe foam insulation to enlarge pens and paintbrushes. A magnifying glass on a long moveable neck attached to a heavy base on the table is helpful for some residents. Dycem is a non-slip surface that helps things to stay in place. Wrapping handles in foam make them easier to grip. Clamps are good for holding objects residents are working on. Other adaptive equipment includes masking tape, clip boards, pen and pencil grips, and bead and needle threaders.

A volleyball net can be lowered for seated players or pulled over a resident's bed. Be prepared to set up the net inside or outside. A bowling alley can be adapted for those who use a wheel chair by adding a ramp for the ball. There is also a portable table bowling game.

Always plan a backup activity in case your scheduled entertainment does not show up when the residents are already gathered. Residents at different functional levels enjoy group activities. Some residents may need assistance with certain steps of an activity. If they cannot do the entire activity, they can probably do something to help the overall project. Some may choose to observe, but still be part of the group.

Improvise and be creative when things do not go as expected. Consider the timing of an activity, the size of the group, and the arrangement of the room to accommodate special equipment.

Modify rules for residents who thrive on competition. Try to encourage fun and personal accomplishments. Adapt starting lines, boundary lines, vocabulary, time, and number of attempts. Try to let everyone be a winner. Modified rules may include vague boundary lines, extended time, additional attempts, partners instead of individual competition, or paraphrased instructions.

Physical and audio prompts can help residents with sight and hearing impairments. Use a prearranged touch or word to let residents with visual impairments know it is their turn. If they are aiming at a goal, ring a bell near the goal or talk to them so they know where to aim. A cassette player with verbal instructions allows a visually impaired person to work individually.

A touch or head nod is a cue for the hearing impaired. A blinking light, message board, notepad and pencil, or written description of the activity may also be helpful. Use a microphone for large group activities. Place those who are hard of hearing closer to the speaker. Also be sensitive to those using hearing aids, since the sound system may cause the device to echo.

Large print material can help residents remain independent readers. Many books and periodicals are available in large print. Magnifying glasses also help those with difficulty seeing. Some residents prefer audio books which are available at many libraries. If a roommate does not want to hear the story, either negotiate a time when the roommate will be out of the room each day, find a suitable place where the book on tape can be enjoyed, or offer headphones to the resident.

Personal assistance, such as hand-over-hand assistance, allows some residents to participate in crafts who otherwise could not. Always allow the resident to choose what to make and how to go about it and only guide his or her hands as needed. Some residents only need help to get to the activity. Residents with certain memory problems may need help opening their violin case for example, but once the instrument is in hand, they can still play beautiful music. Look for signs of frustration from residents and offer assistance in a way that won't embarrass them.

Sources for Adapted Equipment and Materials

Wolfner Library
1-800-392-2614
(A library for individuals and groups who qualify for services. The materials are designed for people who cannot read standard print. An application is required and must be certified by a health professional stating the person requires these special materials. Books and magazines are either large print or on tapes or records. The equipment needed to play the tapes and records are loaned with the materials. Bifolkal® kits are also available.)

Catalogues:

Governor's Council on Disability
1-800-877-8249
(Free catalog of resources)

Briggs Health Care Products
1-800-247-2343
(Activity and Recreational therapy Product Catalog)

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S&S AdaptAbility
1-800-266-8856
(Products for Rehabilitation and Therapy)

Flaghouse
1-800-793-7900
(Physical Education and Recreation Equipment)

SportTime Abilitations
1-800-850-8602
(Equipment for development and restoration of physical and mental ability through movement)

HAMMATT Senior Products by SportTime
1-800-428-5127
(Provides products that enhance lifestyles and promote independence, achievement, and wellness with dignity.)

West Music / Music Education Catalog
1-800-397-9378
(The 96-page color catalog includes the latest resources available. A music therapist reviews these products and will consult with a facility over the phone to recommend the most appropriate products. The quality products available include rhythm, Orff instruments, books, keyboards, tone chimes, and more.)

Maddak Inc. Complete ABLEWARE Catalog
1-800-443-4926
(Select customer service)
(Aids for daily living)

Enrichments for Better Living
1-800-323-5547
(Innovative products for home and travel to make life more comfortable, improve health and lighten your workload.)

Nasco Activity Therapy Catalog / Activities for Life
1-800-558-9595
(Innovative products to aid in activity planning.)

Cross Creek/Recreational Products Incorporated
1-800-645-5816
(Independent activities for individuals with special needs. Assembly, sensory, puzzles, perception, manipulatives, sound, music, and environment.)

Craft Supply Catalogs:

Nasco Arts and Crafts
1-800-558-9595

Triarco Arts and Crafts
("Everything your imagination needs")
1-800-328-3360

S&S Arts, Crafts, Games, and Activities for Healthcare
1-800-243-9232

Sources of good books on aging and activities:

Golden Horizons Inc.
P.O. Box 193, Sullivan IL 61951
phone: 217-728-8182
fax: 217-728-8690
(Select customer service from recording then request a catalog.)

Health Professions Press
P.O. Box 10624, Baltimore, MD 21285
Phone: 410-337-9585
fax: 410-337-8539
(Request a catalog.)

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written evaluation for this unit. A score of at least 80 percent indicates you may proceed to the next unit.

Lesson 3: Leading and Adapting Activities

Activity Sheet

1. List two ways to make large group activities successful.

   a. _____

   b. _____

2. List the eight main steps to follow when leading groups in activities.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

   g. _____

   h. _____

3. List three techniques for adapting activities for residents.

   a. _____

   b. _____

   c. _____

Clinical/Laboratory Activities

1. Lead the community resource activity or program you planned in the previous lesson. Identify residents' needs for adaptations to equipment or environment for the activity or program.

2. Visit with residents and gather jokes and riddles from them. Use these in the newsletter, on the joke board, or compose a joke book with assistance from the residents.

3. Call and order at least three of the catalogs listed for resources of adapted equipment and materials. Find out more information about the materials they provide.

Unit Checklist

Student Name _____ Overall Unit Rating_____

Activity Sheet: Benefits of Activities Rating _____

Comments: _____

_____

_____

Activity Sheet: Activity Planning Rating _____

Comments: _____

_____

Activity Sheet: Leading and Adapting Activities Rating _____

Comments: _____

_____

_____

Written Unit Evaluation Score _____

Additional Comments: _____

_____

_____

Teacher Signature _____ Date _____

Student Signature _____ Date _____

Unit VI

Management

This unit provides information for managing the activity program. The activity director directs the activity program, which includes many administrative responsibilities. He or she must make sure that the program's activities promote the facility's philosophy and goals. The activity director must work as a team member and leader within the facility. Time and money management are important responsibilities of the activity director. He or she may also be expected to supervise staff members and volunteers. A very important administrative responsibility is to evaluate the effectiveness of the activity program in order to continually improve the program.

Unit Lessons

Program Philosophy

Teams and Leadership Style

Time Management

Budgets

Supervising Staff

Volunteers

Program Evaluation

Lesson 1:
Program Philosophy

Objectives:

A. List the components of a purpose statement.

B. Develop a purpose statement for the activity program that is consistent with the mission statement of the facility.

Key Terms:

- Purpose statement
- Mission statement

Before an activity department can be established, its intended purpose or philosophy (general beliefs, concepts, and attitudes) must be determined. A **purpose statement**, or statement of philosophy, explains in broad terms the reason for the program's existence and its general goals. The statement should support the activity profession and defend the facility's program and the activity director's position.

Components of a Purpose Statement

A thorough understanding of recreation and leisure is required to develop this statement. The activity director must develop his or her own philosophy on the value of recreation and leisure and how an activity program can benefit residents. Consider these components when determining a purpose statement:

1. The mission statement of the facility
2. The type and nature of the facility
3. The resident population
4. The philosophy of the activity staff
5. The activity department's current goals
6. The activity department's long-range goals

The philosophy should include key words from the facility's mission statement, such as "quality of life," "dignity," "self-worth," "well-being," and "quality of care." Other key words to consider are "enjoyment," "love," "variety," "relationships," "leisure," "recreation," "opportunities," "choice," etc.

The following are two examples of basic purpose statements that can be adapted to a specific facility program:

> "The purpose of the activities program is to enrich the quality of the resident's life in the long-term care facility by helping to satisfy the human need to feel useful; to have something to anticipate, to take part in, and to enjoy. It should stimulate and sustain the desire to be socially active." Deichman, E.; M. Kirchhofer. *Working with the elderly.* Buffalo, NY: Potentials Development, 1985

> "To provide a wide range of recreational services to assist residents in acquiring skills, knowledge, and attitudes necessary for a successful and meaningful life." Project LIFE. *Administrative Manual.* Unpublished manuscript, 1982.

Purpose Statement Must be Consistent with the Facility's Mission Statements

Most facilities have a mission statement. A **mission statement** is are purpose state-ment for a business and organization. The following is an example of a mission

statement from the Oak View Living Center in Lexington, Missouri.

> "To provide the best possible nursing/rehabilitation services while creating a comfortable environment that enhances recovery and maximum health maintenance. Focus on continual quality improvement for all services provided for the residents while seeking cost efficient measures."

The following is Oak View Living Center's activity program's purpose statement.

> "To assist in providing a comfortable environment that offers group and individual activities that are of general and specific interest to the residents. To focus on the recovery and quality of life of each individual resident and to continually improve the activity program as new opportunities become available through new residents and new community services."

If the facility does not have a mission statement or the activity program does not have a purpose statement, invite other department heads to meet and discuss the development of these statements. Including other staff will enhance their understanding of the value of the activity program and will encourage an atmosphere of teamwork. Be sure that the content of the statement matches the overall mission statement of the facility. A comprehensive program of activities is a major service offered at a long-term care facility and as such should be organized and structured to complement the goals of the facility.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 1: Program Philosophy

Activity Sheet

1. List three components that should be considered when developing a statement of purpose for an activity program.

   a. _____

   b. _____

   c. _____

2. List five key words that are good to include in your purpose statement.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

3. Why should the purpose statement of the activity program match the mission statement of the facility?

   _____

   _____

   _____

   _____

Clinical/Laboratory Activities

1. Collect brochures from area long-term care facilities to review their mission statements.

2. Discuss purpose statements and philosophies of activity programs with other activity directors.

Lesson 2: Teams and Leadership Style

Objectives:

A. Determine the characteristics of an effective team.

B. Function as a team member.

C. Identify leadership styles.

D. Match leadership styles to their characteristics.

E. Select the appropriate leadership style to fit the situation.

F. Develop and be able to modify your own leadership style to various situations.

G. Use assertive communication to communicate with coworkers, clients, and supervisors.

H. Assist resident and family council programs.

Key Terms:

- Democratic leadership
- Autocratic leadership
- Laissez-faire leadership
- Assertive communication
- Nonassertive communication
- Deference
- Aggressive communication

Activity Director as a Team Member

The activity director is part of a team that includes the residents and their families as well as all the personnel in the facility. Teamwork refers to the cooperative efforts of many people, both inside and outside the long-term care facility. Nurses, dieticians, administration, housekeeping, physicians, activity and other therapy staff must all work together. Much of this teamwork occurs naturally as the result of day-to-day interactions.

The administrative responsibilities and resident care duties require the activity director to interact with all of the other disciplines. As a department head, the activity director carries out policies and procedures to maintain compliance with governmental and facility regulations and supervises activity staff and volunteers. The activity director is part of an interdisciplinary team, which provides resident care, assessment, and care planning, and updates plans at appropriate intervals. Large group programs and social events may require planning with dietary staff, housekeeping, maintenance, and all of the other departments to coordinate equipment, refreshments, room space, calendars, etc.

Acting as a member of the facility team will encourage an atmosphere of teamwork for all of the employees. Offering to help other staff members will bring the reward of their assistance when needed. Everyone must cooperate to meet the monumental task of providing for all of the residents' needs.

The activity director is also involved with several teams and committees in the long-term care facility. Activity directors typically serve as advisors or facilitators of resident and family councils. These

councils are important assets for planning and problem solving. They should be considered vital assets in the overall teamwork effort in the facility.

The Eden Alternative is described in Unit 1, Lesson 3 as a trend in long-term care. A key element of this philosophy is team development. Staff members work in interdisciplinary teams. The team has a leader, but each member has a voice in scheduling, work load, and care planning. Cross-training is provided to reduce territorial attitudes that may be displayed by health care workers. The residents and their needs are the focus of the teams, not the job descriptions of the staff. Staff members feel empowered and valued when given opportunities to play more vital, active roles in the lives of the residents and in the work of the facility. This style of management helps reduce staff turnover and increase the quality of care provided to residents.

Within the Eden Alternative philosophy, an activity director may function as a consultant to facility teams, educating staff about the activity needs of the residents. Each team receives supplies, ideas, and resources for one-on-one and small group programming. These activities could then be used when the activity director is busy with a large group event or any time a resident displays an interest.

Characteristics of an Effective Team

Successful teams are those that give their members a positive self-image, a reward for participation, and a sense of pride from being a part of the team's effort. From the outset, the team leader should help the team look ahead to accomplishing their goals and to the rewards of success.

A positive and rewarding consequence of team participation is the feeling of working effectively as a team and helping others solve problems with creative thinking. Not every idea will produce results, but the satisfaction of making a good team effort is an undeniable reward.

An effective team has the following characteristics:

- Fairness - The workload is distributed fairly. Fairness is established as a ground rule.
- Training - Cross-training is provided to enable each team member to meet residents' needs and to share responsibilities.
- Recognition - The effort of each team member is recognized and understood.
- Leadership - Challenges to team leader authority are handled effectively and not taken personally. The team listens to the person who is challenging authority. Decisions are made with group involvement based on the team's best interest.
- Control and Respect - Dominating or critical team members are controlled. The team leader talks with the person privately and suggests ways to add to discussions without taking over or being disrespectful. During meetings, the leader should ask questions of other team members and begin discussions with their ideas. Assertiveness plays an important role in dealing with domination by a critical person. An assertive team leader should interrupt long comments by the dominating person, thank the person for the ideas, and then ask for the thoughts of others. Emphasis needs to be placed on the importance and respect of everyone's ideas.

- Quality - Poor performance or incomplete work is confronted and resolved. Quality performance is established as another ground rule. Problems are addressed when a pattern develops or is observed.

- Morale - Team morale is very important and each member's work performance affects it. A team leader needs to reinforce each member's value to the team and remind the member of his or her commitment to the team's success.

Leadership Styles

The three basic styles of leadership are democratic, autocratic, and laissez-faire. In **democratic leadership**, all members of a group are involved in making decisions. Activity directors who follow this style will actively involve residents and staff members in planning activities. Democratic leaders will enlist the help of others in determining residents' needs and in developing appropriate interventions and activities.

In **autocratic leadership**, the leader makes all decisions without input from others. Activity directors who follow this style will most likely experience frustration in meeting program goals and residents' needs. Communication and cooperation with other staff will diminish. The activity director who is an autocratic leader decides when, where, how, and who participates in activities. This leader points out the right way to act and sets limits, causing participants to follow a specific course of action. A person may assume an autocratic leadership style because of lack of training. Activity directors must be sure to provide residents with opportunities to exert leadership or express their needs and desires concerning activities. Autocratic leadership is not generally recommended in long-term care facilities, but this leadership style may help an isolated resident to learn to cope with the new environment. The new resident often needs a steady, caring, authoritative leader to influence his or her participation in activities.

In **laissez-faire leadership**, the leader avoids deliberate direction and just lets things happen. This style can lead to chaos and disorganization. An activity director who only uses this leadership style will not receive needed respect or cooperation from other staff members, especially other department heads. Residents and staff need to have a schedule of activities that is consistent and reliable. An appropriate time to use a hands-off approach is when another activity staff member is leading a group or activity and does not require assistance.

In general, democratic leadership is believed to be the most effective. Similarly, participatory supervisors and managers are typically considerate of the attitudes, feelings, and needs of those working under their direction. They strive to improve their sense of democracy, responsibility, and strength of motivation. They are believed to be more successful than supervisors who do not display these attitudes.

Appropriate Leadership Styles for Certain Situations

An activity director may use one leadership style consistently, but may need to alter his or her approach to different situations and different people accordingly. Select a style that suits your abilities and the demands of the situation. Incorporating several types of leadership roles will help form a unique style that is suitable.

For example, being a democratic leader is the best leadership style in most situations, but some instances require an autocratic leader who decides actions, selects activities, participants, time span, and place. This leader dominates the situation and is necessary:

- when residents are not able to control themselves;
- when participants cannot make decisions;
- when participating in a potentially hazardous activity; or
- when using very sharp or hot equipment.
- when disoriented individuals are undergoing a reality orientation program or participating in an outing.

An activity director may also act as an advisor. He or she may offer suggestions to participants concerning their involvement and behavior or may recommend decisions or courses of action. This is especially true when helping to resolve problems at resident council meetings. An activity director may serve as an advisor by suggesting adaptations to activities and recommending mechanical aides and devices to help residents with disabilities participate in activities.

An activity director's leadership style will affect how he or she follows principles and runs an effective activity department. A manager's style can give strength and enthusiasm to staff members and residents, which reinforces desires to achieve goals, to cooperate with each other, and to participate on a quality level. Use the following questions to think about your own style of leadership.

1. Do I regularly participate in the activities of the facility?
2. Do I lead by example?
3. Do I allow for honest discussion with others involved before making decisions?
4. Do I leave residents alone during activities as long as nothing goes wrong?
5. Am I a positive leader or supervisor?
6. How many staff members in the facility do I know; what are their specific jobs?
7. Are the residents the first priority in the facility?
8. How often do I attend staff meetings and participate in them as a member of the team?
9. Am I organized as a leader or supervisor?
10. How do I rate myself as a leader or manager on a scale of one to five (one being highest)?

Communication Styles

Another important aspect of leadership style is communicating with others. Are you assertive, nonassertive, or aggressive when communicating?

Assertive communication allows a person to express thoughts, feelings, and beliefs in direct, honest, and appropriate ways. This expression does not violate another person's rights or threaten or punish the other person. The basic message is, "This is what I think. This is what I feel. This is how I see the situation." It should be said without dominating, humiliating, or degrading the other person. Being assertive involves respect. Two types of respect are involved, respecting oneself (expressing one's needs and defending one's rights) and respecting the other person's needs and rights. Assertive communication allows both people involved in the conversation to communicate. The goal of assertive communication is to get and give respect, to ask for fair play, and

to leave room for compromise when two people have conflicting needs and rights. Such compromise is allowable as long as neither person sacrifices their basic integrity and both get some of their needs satisfied. Assertive communication is the most effective form of communication.

Nonassertive communication violates one's own rights by failing to express honest feelings, thoughts, and beliefs. Consequently, it permits others to violate you. Nonassertive people express their thoughts and feelings in such an apologetic, self-effacing manner that others usually disregard them. This communication style also involves deference. **Deference** means to be subservient to another person because he or she is older, more powerful, experienced, knowledgeable, or a different sex or race. This behavior shows a lack of respect for one's own needs and the inclination to avoid conflict at any cost.

Aggressive communication involves directly standing up for personal rights and expressing thoughts, feelings, and beliefs in a way that is often dishonest and usually inappropriate. This communication style always violates the rights of the other person. It humiliates, degrades, belittles, or overpowers other people. It makes them weaker and less able to express and defend their needs and rights. The basic message of aggression is, "This is what I think - you're stupid for believing differently. This is what I want; what you want is not important. This is what I feel; your feelings don't count."

Assertive communication is the most effective way to communicate as a department head. The activity director must be able to convince others that the activity program is important. He or she must defend it against budget cuts and during stressful financial times. The program's effectiveness must be proven to family members, surveyors, and others. The activity director must assertively communicate the activity needs of residents during care plan meetings to be considered a vital member of the care plan team. This requires a confident, calm, and honest approach to capture everyone's interest, respect, and attention.

Resident and Family Council Programs

OBRA requires every long-term care facility to have a resident council that meets at least once a month. The resident council is a forum for residents to voice their concerns regarding the long-term care facility. The council includes elected resident representatives. The president serves as the spokesperson. All interested residents, the facility ombudsman, the chairperson, and invited guests attend the meeting.

The activity director is often designated the chairperson of the resident council. The chairperson is responsible for preparing a meeting agenda and scheduling the meeting. He or she has the important responsibility of recording minutes of the meeting. The meeting minutes are legal documents that must be produced during reviews of the facility. The chairperson also informs the administrator and appropriate department heads of resident concerns so that they may work to resolve any problems.

The family council advises the facility's administration. It is not required for a facility to have a family council, but the facility must allow for a family council. The facility must provide meeting space, privacy, and if requested, staff. The facility must also follow-up the family council's grievances and recommendations that relate to resident quality of life.

Family council meetings offer staff an opportunity to convey information to residents' relatives and to include family in changes to the facility and its policies. The social services professional is usually the staff member designated to monitor the family council.

When staff members are designated to assist the resident and family councils, they should remember that these groups and their meetings belong to the residents and their families. Staff may play a vital role in motivating residents and their relatives to become involved. As residents and family members become active in these councils, the staff member should step back and allow these organizations to be run by the true council owners.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 2: Teams and Leadership Style

Activity Sheet

1. List four characteristics of an effective team.

   a. _____

   b. _____

   c. _____

   d. _____

2. Why must the activity director function as a team member?

   _____

   _____

   _____

   _____

3. List and describe the three basic styles of leadership discussed in this lesson.

   a. _____

   _____

   _____

   b. _____

   _____

   _____

   c. _____

   _____

   _____

4. Which leadership style is usually the most effective in a long-term care facility?

   _____

5. When might a laissez-faire leadership style be appropriate to use in the activity program?

6. If there is an isolated resident who is having trouble coping with the new environment, which leadership style might you use with this resident? Explain why.

7. What is assertive communication?

8. What is nonassertive communication?

9. What is deference?

10. What is aggressive communication?

11. What is the resident council? How might the activity director be involved with the resident council?

_____

_____

_____

_____

12. What is the family council?

_____

_____

Clinical/Laboratory Activities

1. Spend time observing an activity director in action. Try to determine his or her leadership style. Is this person's communication skills assertive, nonassertive, or aggressive?

2. Attend a care plan meeting and write a description of the meeting's atmosphere and the leader's style.

3. Discuss the activities of the resident council and family council with an activity director. Ask to be invited to a meeting of both the resident council and the family council.

Lesson 3:
Time Management

Objectives:

A. Identify the principles of time management.

B. Prioritize daily, weekly, and monthly tasks. Reorganize as needed.

C. Utilize personal planner or calendar as a time management tool.

D. Create an activity calendar.

E. Manage time effectively.

Key Term:

- Planning schedule

Concepts of Time Management

When managing time, refer to three simple principles. First, bring each task into perspective. As basic as it seems, most people do not identify the nature of the work that must be done to bring it into practical perspective. Obstacles often arise without a clear picture of the scope of the work involved and how it relates to everything else. One way to bring a task into perspective is to look clearly at the facts:

- What needs to be done?
- What are the requirements of this undertaking? Does it need extra people, time, or money?
- Are adequate resources available?
- How can the task be divided into bite-sized pieces?
- What are daily, weekly, and monthly priorities?
- In what sequence should the tasks be done?
- How much time will it take?

Bring tasks into practical perspective to make responsibilities more manageable. To be an effective manager of time, each day should have a consistent schedule. Use a personal planner or calendar to keep track of daily, weekly, and monthly tasks. Keeping an organized personal planner or calendar is an important time management tool and will assist you in establishing job priorities.

The second principle is to involve the team. Ask not only, "How can I get everything done?" but also, "How can I involve others in planning and carrying out tasks?" Experienced activity directors know that when everyone works together as a team, the residents will receive the most benefit, their job will be more fun, and events will run smoother. While playing a vital role on many teams, involving others during a particular task or event challenges leadership skills. Teamwork involves getting early participation, giving clear direction, considering all presented ideas, letting team members know how they will benefit from their efforts, and evaluating the results. Be clear about what needs to be done and in what order. Do not waste the time of volunteers, families, or staff members by not knowing what needs to be done or discussed.

Activity directors who try to do everything themselves may become overworked and stressed, which can lead to burnout. Another reason for the activity director to involve other staff members is so that he or she may meet the needs of the residents. The quantity and quality of activities will be higher if the activity director has time to focus on providing activities.

The third, and last, principle of time management is to evaluate the results. Ask not only, "Was the activity a success?," but also, "What can we do to maintain or improve our effectiveness?" Evaluating the process and success of any activity is an extremely important and often overlooked step. Take the time to find out what went right and what could be improved. It does not need to be a lengthy process. Hold a short meeting to discuss results, reactions, and new ideas. Include program participants and team members in your evaluation. Ask for feedback from the members of the resident council, family council, or other committees involved with the program or event.

Using these three principles will gradually make your job more manageable. You will begin to feel you are doing your best for the residents and the team. These three management principles apply to almost every aspect of the activity department and will save time, increase productivity, and enrich resident and staff relations.

Take, for example, the task of completing a written activity assessment for each resident. Suppose you are a new employee and your predecessor did not record an assessment for any residents during the past year. The administrator wants them done immediately. How can you complete assessments for 88 residents and plan a full calendar of activities during your first week on the job? Your first step is to bring the task into perspective:

- What do state and federal regulations say about activity assessments?
- How long does it take you to do an assessment and record your findings? (Say 30 minutes.)
- How long will it take to complete 88 assessments? (About 44 hours.)
- How high is the priority for doing all the assessments right away? (Although it is not likely that all of the assessments are needed immediately, you should develop a written plan for getting them finished to comply with regulations.)
- How can you break this monumental task into bite-sized pieces? (On Monday, Wednesday, and Friday you might set aside two hours each morning to work on activity assessments. At this rate the total group should be completed in about seven weeks.)
- What resources can you use to make this time available? (During these mornings, a volunteer could conduct a discussion group or show a movie, your assistant could lead exercise sessions, or a civic group could supply a guest speaker.)
- What about assessing new residents? (To keep current, make assessments of new residents a priority and then go back to catch up on the other residents.)

Steps in Planning An Activity Calendar

The following steps will help you develop a general activity calendar that can be adapted to your facility and job. Throughout this step-by-step process, the primary task is to schedule the following resources: people, space, supplies, and equipment.

Step 1: Establish a **Planning Schedule**, the time that a schedule or calendar should cover and when you should begin to work on it. This is dependent on:

a. Your capabilities;
b. Size of and policies of the facility;
c. Number of persons involved in the planning process; and

d. Scheduling cycle of other departments.

Step 2: Block out the schedule. Establish a rough draft which will lend itself to revision and flexibility. Consider including these items:

a. Facility routine (meals, medicines, etc.);
b. Residents' interests and time preferences; and
c. Group activities and individual activities.

Avoid too much routine because it can create boredom and limit flexibility. Encourage residents to select holiday activities and special events for each month. If starting a program or a new job in a facility, start day-to-day planning first and then the monthly plan for large group activities. Talk to the residents to get their ideas and suggestions. Create a resident recreation committee to help plan and evaluate the program.

Step 3: Review the blocked-out schedule by sending it to other facility personnel to review and comment. Identify any conflicts or problems. Be a "devil's advocate" by giving the schedule a critical review. Learn from previous mistakes and make appropriate changes. When reviewing the schedule, ask yourself the following questions:

a. What needs and interests of the residents are being met?
b. Have the care plans been reviewed?
c. Do the planned activities complement the care plans?
d. Has past experience been considered?
e. Has back-up planning been done?
f. Has accessibility for all been considered?

Step 4: Create a list of equipment and supplies needed for each activity. Review equipment and supplies within the facility and order more where needed. Use community resources for donations.

Step 5: Assign staff. Do not forget to include staff needed to set up and clean up. Be sure to include volunteers. Use individual assignment sheets when working with a large number of staff or volunteers. These sheets indicate when and where each individual's assigned activities will take place, special precautions, etc.

Step 6: Integrate the activity into the total facility program. Everyone needs to be aware of what is being planned, why the activities are being selected, when and where the activities will be carried out, etc.

Step 7: Once the plan is complete, distribute it to all department heads and to the appropriate personnel. Develop a final calendar of scheduled events to be distributed and posted for all to see. Post large calendars in residents' main gathering places, such as the dining room, nurses stations, etc. Provide the residents with their own personal copy of a smaller calendar. These can be posted

in their rooms or wherever they prefer.

Step 8: Carry out the activity and be flexible. Do your best to plan a good schedule of activities. Also, do your best to plan for possible changes beyond your control. Something is bound to happen each month to create a change in your schedule. Try to be flexible and adaptable. Learn from each unexpected schedule change.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 3: Time Management

Activity Sheet

1. What are the three principles of time management discussed in this lesson?

   a. _____

   b. _____

   c. _____

2. When bringing a task into perspective, what are five questions you should ask yourself?

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

3. List four things you should consider when establishing a planning schedule.

   a. _____

   b. _____

   c. _____

   d. _____

4. What are three items you should consider when blocking out a schedule?

   a. _____

   b. _____

   c. _____

5. What are four questions you should ask yourself when reviewing a blocked-out schedule?

   a. _____

   b. _____

   c. _____

   d. _____

6. List the eight steps in planning an activity calendar.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

   g. _____

   h. _____

Clinical/Laboratory Activities

1. Collect copies of activity calendars from area long-term care facilities. Review them to see how the activity director's time is spent in group programs and one-on-one activities.

2. Interview an activity director to see how he or she manages time spent with residents and time spent with documentation.

3. Keep a time management diary for a week to see how you currently spend your time. Record your activities every 30 minutes.

4. Work with an activity director to develop a monthly activity calendar.

Lesson 4: Budgets

Objectives:

A. Project activity expenses for the year.

B. Manage a budget.

C. Determine budget restrictions.

D. Identify ways to obtain donations.

Key Terms:

- Annual budget
- Monthly budget

Providing quality programs and a variety of activities regularly to residents requires a realistic budget. An up-to-date, accurate budget serves two purposes, it helps control the costs of specific activities and it allocates sufficient funds for ongoing programs. A well-planned working budget can help you to:

- Work with what is available;
- Allocate limited resources to areas of greatest need;
- Convert the "wish list" into dollars and cents;
- Pinpoint how funds were received and spent; and
- Provide a clear record of past activities and their costs.

Project Activity Expenses for the Year

The **annual budget** serves as a guide for an entire year's worth of activity expenses. The budgeting process is usually completed before the beginning of the calendar or fiscal year. The annual budget should show columns of the amounts budgeted in each category last year and the actual expenditures. It should include the reasons for significant variances from the budgeted amounts to actual expenses. Most importantly, it should include the amount budgeted for the current year and source of income. Figure 4.1 provides a sample of an annual budget.

Steps for Establishing an Annual Budget

1. Assess the needs and requirements of residents by reviewing the past years' programs and attendance records.

2. Look at the current facility population to decide levels and variety of activities required. For example, if the facility has more active people now than last year, project more participation in activity programs and request more supplies. The cost categories used in the previous year's budget may no longer be appropriate. There may be a need to add new categories this year.

3. Gather current prices and fees associated with ongoing activities and potential programs.

4. Show sources of funds. Each cost category may have different sources. For instance, a craft sale may provide funds for additional arts and crafts activities. A flat monthly or yearly fee, such as $1.00 per resident per month, could establish the budget for all categories.

5. Obtain budget approval. This varies with each facility and involves talking with the administrator about the process.

Figure 4.1 - Sample Annual Budget

Budget 1997

Category	Amount Budgeted Previous Year	Actual Expenditures Prior Year	Explanation of Variance	Amount Budgeted Current Year	Source of Income
Craft Supplies	$450.00	$400.00		$500.00	$1.00 per bed per month. We plan on 105 beds. No other income expected
Trips	200.00	200.00		200.00	
Film Rental	75.00	65.25		50.00	
Books	50.00	100.00	Started library project	75.00	
Magazines	30.00	27.00		30.00	
Fees	100.00	75.00		100.00	
Misc.	125.00	162.75		200.00	
Records & Tapes				105.00	
Totals	$ 1,030.00	$ 1,030.00		$ 1,260.00	

Manage a Budget

Managing a budget is action oriented, not passive. An activity director should think about what money will be needed to implement planned activities. Do not simply live with a budget; establish the budget. Bring everything into perspective by analyzing the needs of the residents and budget constraints. Obtain information from others and work with the administrator of the facility to determine how well the activity department sticks to the budget.

The administrator may request a change that requires alteration of related categories or totals. The budget may be changed several times before it is final.

Figure 4.2 - Sample Monthly Budget

Budget, January 1997

Category Comments	Beginning Balance	Current Monthly Expenditures			Ending Balance
		Date	Description	Amount	
Craft Supplies	$ 500.00	1/16	colored pencils	$ 24.95	$ 475.05
Trips	200.00				
Film Rental	50.00				
Books	75.00	1/21	dictionary	17.50	57.50
Magazines	30.00				
Fees	100.00	1/22	speaker on nutrition	25.00	75.00
Misc.	200.00				
Records & Tapes	105.00				
Totals	$ 1,260.00			$ 67.45	$ 1,192.55

For useful future reference, maintain a file containing notes and information on how budget figures were decided upon. This might include price quotes received from local vendors, information on anticipated facility census changes, etc.

Maintain a Monthly Budget

To maintain control of spending, a **monthly budget** for activity department use is also recommended. If consistently maintained, the monthly budget will help show at a glance the money remaining for each category at any given time. Figure 4.2 is an example of a monthly budget.

Steps for Maintaining a Monthly Budget:

1. Write the beginning balance at the top of the monthly budget.
2. As money is spent, record the date, description, and amount next to the proper category.
3. Subtract current expenditures from beginning balances to find ending balances.
4. At the end of each month, forward the ending balance to the beginning of next month's budget.

Budget Restrictions

Budget restrictions are determined by the internal controls defined by the policies and procedures of the facility. Budget guidelines help control inappropriate use of funds. The following suggestions will increase your ability to safeguard activity department funds:

- Use a checking account rather than a cash box if the money involved is significant.
- Keep all cash and checks in a locked cabinet at all times.
- Limit staff access to the locked cabinet.
- Make one staff member responsible for dispensing or receiving funds. It may be a good idea to shift this responsibility to another person periodically, as a safety check.
- Obtain and keep all receipts for purchases. You may wish to attach receipts to the monthly budget report.
- Obtain several price quotes for major purchases and prior written authorization.

Donations and Fund-raising

Activity programs should involve people and organizations from the community as much as possible. The same principles of management apply to community involvement. Place the role of the community into perspective by listing potential resources, services, and contributions by individuals or organizations. Invite community members to participate in planning events by soliciting their ideas, talents, or services. Nurturing a relationship with the community will provide the activity program with volunteers and sources for donations of materials and supplies. Local businesses or groups could cosponsor fund-raising activities for your program, perhaps an annual special event.

The local Chamber of Commerce can provide information on businesses and associations in the community. If the community does not have a Chamber of Commerce, refer to the yellow pages of the local phone book for a list of potential resources. Talking face-to-face with community members is the best way to make community contacts. Introduce yourself and get to know them. Offer to speak at association meetings to give them information about the facility and its activity program. Do not ask for donations during the first meeting with a potential contributor. If asked about program or facility needs, be prepared to provide a list or make an appointment to discuss the needs later.

Be sure to inform the facility staff regarding your search for donations or volunteers. Include an article or column in the facility's newsletter about needs of the activity program. The best method of advertising is still "word-of-mouth." Facility staff can be the best voice for communicating your needs to the community. They may also be helpful in finding community resources for your program. It is especially important for the receptionist, or whoever answers the facility telephone, to know about donation and volunteer needs. People form first impressions about the facility with their first telephone call or first information that they receive. A rude or confused response to an inquiry can result in no volunteers or donations. All fund-raising efforts must be approved by the facility. Be sure to have the complete support of the administrator before proceeding with the gathering of community resources!

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 4: Budgets

Activity Sheet

1. What are two reasons to keep a current and accurate budget?

   a. _____

   b. _____

2. List four things that a well-planned working budget can help you do.

   a. _____

   b. _____

   c. _____

   d. _____

3. What is an annual budget, and what will this information help you to do?

   _____

   _____

4. What are the five steps for establishing an annual budget?

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

5. What is the purpose of a monthly budget?

   _____

   _____

6. What are the four steps for maintaining a monthly budget?

   a. _____

   b. _____

   c. _____

   d. _____

7. List three things you can use to safeguard activity department funds.

   a. _____

   b. _____

   c. _____

8. List two potential sources for obtaining donations.

   a. _____

   b. _____

9. What do you have to do before beginning to gather any community resources?

   _____

   _____

Clinical/Laboratory Activities

1. Talk with an activity director to learn how he or she manages a budget. Ask if you can see the budgets from the previous year.

2. Talk with a facility administrator to learn his or her opinions regarding activity program budgets.

3. Using a monthly activity calendar, establish a budget of expenses for the activities scheduled in the facility.

4. Work with an activity director to establish an annual budget for the next year's activity program.

5. Make a list of resources in your community for potential donations of supplies and volunteer services.

Lesson 5:
Supervising Staff

Objectives:

A. Determine the staffing needs of the activity program.

B. Develop a job description for an activity staff position.

C. Organize job orientation and training for the activity staff.

D. Identify the responsibilities of a supervisor.

E. Supervise activity staff.

F. Identify characteristics of a good supervisor.

Key Terms:

- Policies
- Procedures
- Job appraisal

Many facilities employ only one full-time activity person. Others have several employees on the activity staff. In some cases, a part-time person may be the only economically feasible option for providing activity services to the residents. As the activity director, you may be asked to hire and supervise an activity assistant. Follow all of the standard advertising and hiring procedures established by your facility. Remember that supervising staff is only one of your many responsibilities.

Staffing Needs

This is a good opportunity to look at exactly what is required of activity staff in your facility. List all the duties you can think of that go with the job. Then, go over the list and put a check next to those that you do well. For example, your strengths may be one-to-one relationships and creative writing groups rather than crafts or music. By reviewing this list, you will have a good idea of the characteristics and skills to look for in your assistant. It is important to try to have a balance of skills and abilities in the department. Keep in mind that writing skills and the ability to relate well to people, especially older people, are standard skills for all activity professionals.

Job Descriptions

The next step will be to develop a job description for the position. This step includes recruiting and advertising. Be sure to discuss the job opportunity with other staff members. They may know someone who would be good for the position. A job description is important in both the advertising and interviewing process. If you are looking for an activity assistant for craft activities, then your advertisement and job description should state this. A job description defines the responsibilities and requirements of the job and should include the following:

1. Title of the job;
2. Description of the duties;
3. Location;
4. Hours;
5. Required skills and abilities; and
6. Other information unique to the facility.

The interview process would then focus on the person's experience and skills in that

area. Try to hire the best available person. Don't view capable people as a threat, but rather as a means of increasing the effectiveness of your department and giving better resident care through a balanced team effort. Your facility may require that other department heads meet prospective applicants before deciding to hire anyone. Be sure to follow the facility rules and procedures.

Job Orientation and Training

After a person is hired, the supervisor is responsible for providing the new staff member with job orientation and training. Job orientation should include the following information:

- Introduction to the facility and the activity program (philosophy, goals, history, physical layout, policies and procedures, etc.);
- Introduction to other facility staff members and their responsibilities; and
- Detailed description of job duties.

When training new staff members, make sure they understand clearly the work that is expected of them, including its quality and quantity. Staff members should have input into setting these standards as all people need to feel that they have some influence in making the decisions that affect them. Do not expect new staff members to perform at 100 percent right away. Encourage staff members to grow with the job and assure them that they will be given opportunities to assume greater responsibilities when they are ready. Do not assume to know how others think, feel, or react; rather encourage them to tell you. Indicate that you are available for guidance and supervision.

Find out what the new person wants to achieve from working with the activity program. Provide information about professional opportunities such as membership in related associations and educational workshops.

Responsibilities of a Supervisor

In addition to orienting and training new activity staff members, supervising the activity program includes administrative responsibilities. Maintaining resident assessments, developing a program purpose statement or philosophy, and managing the program's budget are just a few of the responsibilities that have already been discussed. Other responsibilities include the following:

Determine the most effective means of accomplishing the work of the activity department. You must identify the main goals and objectives prescribed by the facility's administration. Remember that the well-being of the residents is the primary goal of every department within the facility and the main factor of all other goals. You must also decide the most effective means of reaching the goals and objectives that have been identified, which may involve the need for additional skills or training. You can determine how well work is being accomplished compared to how the work was planned by program evaluation discussed in Unit VI, Lesson 7.

Be aware of and enforce the activity program's and the facility's policies and procedures. **Policies** are general written statements that describe what will be done within the facility. **Procedures** are written statements that describe the step-by-step method by which policies should be implemented. There are policies and procedures for the entire facility, such as

working hours, budget requests, and hiring practices. The activity program may also have specific policies and procedures. You can use policies and procedures to clarify work assignments and operations, to orient and guide new staff members or volunteers, to insure continuity of service, and to provide a source of reference material for staff members and volunteers.

Delegate responsibilities, as well as develop and maintain positive interrelationships with other departments. Some activity directors find it difficult to delegate responsibilities to other staff. Trying to do everything alone can lead to burnout or unmet needs of residents. Assigning work involves matching task requirements to available skills and resources. Be aware of responsibilities that can be done by others and who the best people are to do them. Grant authority for others to use available resources and to take all necessary actions to accomplish the task.

Schedule for activities and solve problems. It is up to you as a supervisor to determine when to do something about problems with the activity program. Supervisors distribute work, assign job duties, and schedule work assignments. Scheduling activities involves adjusting for fixed schedules of residents and other facility staff, such as nursing care, medications, treatments, and dietary needs. Time must also be allowed for the activity staff members to have meals and breaks. You must also make sure that staff efforts are not being duplicated.

Motivate and direct staff by teaching and leading. In addition to issuing instructions and assignments, supervisors motivate staff members to work willingly and enthusiastically toward the program's goals. As mentioned earlier, people enjoy influencing decisions that affect them. Allow staff members to express thoughts and feelings and to suggest ideas. Support staff members and be consistent when resolving conflicts.

Provide feedback and constructive criticism. A major part of your job as supervisor entails continuous appraisal of your staff's performance. Directing, motivating, and measuring performance probably take more of a supervisor's time than any other administrative responsibilities and are often the most difficult to master.

A **job appraisal** is an evaluation of such things as cooperation, dependability, output, willingness to learn, appearance, use and upkeep of materials and supplies, judgment, safety procedures, initiative, knowledge of the job, attitudes, etc. Appraisal is a means of providing objective information about a person's performance and skill level, weaknesses, and strengths. When giving feedback and constructive criticism, it is important to make sure that the recipient understands what you are saying, is ready and willing to accept it, and is able to do something about it if he or she chooses. There are generally accepted criteria for giving useful feedback.

Feedback should be given . . .

- with the intention of helping the recipient;
- directly and based on a trusting relationship;
- promptly after observing the behavior;
- to describe the person's action and the effect it created;
- in a nonthreatening and nonjudgmental way;
- with a focus on behavior and not the person;
- with good, specific, recent examples;
- with a focus on strengths as well as weaknesses;
- with inclusion of only changeable behavior, such as habits and not physical characteristics;
- to include only what the person can handle at one time;

- with allowance of time for discussion;
- privately, when negative, and in public if positive.

Characteristics of a Good Supervisor

It is unrealistic to expect anyone to possess all of the characteristics of a good supervisor that are included in the following list. Use the list as a guideline and perhaps some suggestions will help you to enhance your capabilities.

Good supervisors . . .

- establish priorities;
- make decisions;
- analyze, assign, and carry through on necessary tasks;
- speak, write, and listen effectively;
- understand the facility - its structure, policies, and people;
- make themselves accessible to staff;
- seek and accept valid advice;
- give credit where due and accept justified criticism;
- admit shortcomings and attempt to improve;
- motivate people to learn and perform with meaningful incentives;
- do not encourage or allow constant complaining;
- relinquish control when needed;
- recognize that authority and responsibility go together;
- delegate responsibilities, but also to pitch in and help when necessary;
- respect themselves and others;
- are consistent, supportive, objective, and enthusiastic;
- do not take themselves too seriously and use humor liberally;
- promote personal growth, their own and others';
- allow staff to contribute ideas and suggestions,

People are often put in supervisory roles without any prior training or experience. Do not expect to know how to be a supervisor right away. Every new job takes time to learn. Effective supervisory skills come through practice and if you are not properly prepared, you owe it to yourself to build the skills that you need. Read, take courses, and observe others. Expect to make mistakes while learning the job. The important thing is to learn from your mistakes and not to be too hard on yourself.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 5: Supervising Staff

Activity Sheet

1. What should you consider before hiring an activity staff person?

   _____

   _____

   _____

2. List six components of a job description.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

3. List three items of information that should be given to a new staff person during job orientation.

   a. _____

   b. _____

   c. _____

4. List five responsibilities that you will have as a supervisor.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

5. List five criteria for providing useful feedback to staff members.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

6. List five of the characteristics of a good supervisor included in this lesson.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

Clinical/Laboratory Activities

1. Discuss with an activity director, the types of skills he or she would like to add to the activity program by hiring activity staff. Make a list of strengths and skills you could add to an activity program.

2. Ask an activity director how he or she trains members of the activity staff. What information is included in his or her orientation program? Determine what information would be helpful if it were added to the orientation and training.

3. Discuss supervisory skills with an activity director, administrator, or a person who supervises staff. Interview a person who is being supervised by this person to find out what he or she prefers or dislikes about the supervision.

4. Research management or supervisory skills at the library or on the Internet. Write a brief report from what you learn that you would incorporate when you supervise.

5. Observe an activity director giving feedback and constructive criticism to staff members and record your observations. Indicate how you thought the comments were received by staff members. What techniques for feedback and constructive criticism will you use as an activity director?

Lesson 6: Volunteers

Objectives:

A. Identify how volunteers benefit the residents and the facility.

B. Determine volunteer services needed throughout the facility.

C. Write volunteer job descriptions.

D. Determine possible sources for volunteers.

E. Recruit volunteers.

F. Train volunteers.

G. Supervise volunteers.

H. Evaluate volunteers.

I. Plan and implement volunteer recognition.

Key Terms:

- Volunteer
- Volunteer coordinator

Benefits of Volunteer Services

A **volunteer** is a person who contributes services without pay. Because of different needs, each facility has its own defined roles for volunteers. Volunteers are not replacements or substitutes for paid staff. Volunteers add a great deal of service to the facility and symbolize the community's concern for a facility's services and residents. Facilities that provide volunteer service opportunities display a positive "open door" attitude which is an excellent public relations tool. A well-trained volunteer can serve as a positive link between the facility and the community. Facility residents can contribute within their own facility and in the community by serving as volunteers to civic organizations.

If volunteers are to be added to the facility, a plan must first be developed to create an effective volunteer program. Volunteers should know exactly what is expected of them, their designated authority, and to whom they report. One staff member at a facility should be delegated to direct volunteers. This person is in charge of recruiting, screening, training, and evaluating all volunteers. If a facility is too small to have a full-time volunteer coordinator, these responsibilities are commonly assigned to the activity director. An effectively run volunteer program not improves the quality of the facility's services without increasing operating costs. The following are benefits of a volunteer program.

1. Volunteers offer a fresh perspective and enthusiasm to any program. Different attitudes and leadership can often enhance facility programs.

2. Volunteers can free the professional staff from day-to-day tasks, helping them work more effectively in their particular areas.

3. Volunteers offer skills, knowledge, and support of individuals interested in particular sections of the facility's programs.

4. Trained volunteers contribute to high performance standards.

5. Volunteers gain knowledge and appreciation of the goals and objectives of the facility. They become

enthusiastic supporters and effective team workers.

6. Residents benefit from one-to-one attention given by volunteers and the extra attention staff members can give because of the volunteers.

Determine Facility's Needs

The activity director may be asked to serve as the volunteer coordinator. The **volunteer coordinator** works with all department heads and administration to determine the volunteer needs of the entire facility. Volunteers can serve many roles in the long-term care facility. The following are a few of the services a volunteer may provide at the facility.

- Clerical or office work (e.g., typing, filing, answering the telephone)
- Preparing the facility newsletter
- Maintenance skills (e.g., repairing equipment, painting, electrical work, plumbing, carpentry)
- Advisors or committee members consulting to the activity, dietary, or administrative staff
- Resident assistance
- Group discussion leader
- Shopper for residents and the facility
- Friendly visitor for individual residents
- Instructing or assisting with activities
- Driving residents to community events

Volunteer Job Description

After deciding the facility's need for a volunteer program, start making initial plans. The first step is to recruit and advertise. List facility needs in order of importance. For each volunteer position, write job descriptions that fulfill the facility's needs. Define exactly what the job entails and the requirements of the volunteer. Volunteer job descriptions contain the following information.

- The purpose of the service
- The staff members to whom the volunteer will report
- Detailed description of the volunteer's responsibilities
- Preferred knowledge or qualifications the volunteer should have
- Exact amount of time involved in providing the volunteer service

Sources for Volunteers

Recruitment involves both looking at the community and its resources, and creating public awareness of the facility's needs. Seek help from youth service groups such as the Boy Scouts, Girl Scouts, YMCA, and YWCA. Schools and colleges can be valuable sources. Elementary school children are good volunteers for raising residents' spirits. High school and college students and faculty have a wide range of abilities to add to the volunteer program.

Retirees are often overlooked as volunteers. These older men and women can dedicate many hours to the therapeutic setting and often have great talents. Retirees can show understanding and maturity when dealing with ill and disabled people, which are qualities not often found in younger volunteers.

If the facility is in a large community, a volunteer opportunity center may be available to help advertise for and find volunteers. By giving the center a list of job descriptions and facility needs, their staff can carefully screen each person and match volunteers to the facility's needs.

Methods for volunteer recruitment include:

1. Talking with community and church groups.
2. Distributing recruitment literature.
3. Making presentations through the public news media.
4. Contacting individuals or groups for specific services or donations.

Recruiting Volunteers

The person who recruits volunteers, often the volunteer coordinator, must be enthusiastic, determined, positive, and honest. Steps in the recruitment process include:

1. Prospecting - Find people who have some likelihood of becoming successful volunteers.
2. Selecting - Choose the prospects who have the best chance for success.
3. Presenting the job - Convince potential volunteers of the satisfaction they can derive from the work.
4. Placing - Assign the volunteers to the positions most suited to their talents, capabilities, time limitations, etc.
5. Training - Provide volunteers with the knowledge and supplies they need to do the job.

A successful volunteer program depends on matching volunteers with the right job. A personal interview with a prospective volunteer is the basis for a good placement. The purpose of the interview is to get to know the volunteers as individuals, to understand their motivations to help, and to find out volunteers' interests, talents, skills, abilities, and personality characteristics.

Interviewing is a two-way street; you are interviewing and also being interviewed about the facility. Before interviewing anyone, be familiar with the facility and its needs. It is a good idea to be prepared to ask questions that are not on a basic application form and answer questions that apply directly to the facility.

Interviews with volunteers should be kept confidential. The interview is the beginning of a relationship between the volunteer and the interviewer. While the relationship is work-related, it should be comfortable, natural, and honest. Be a good listener and encourage potential volunteers to talk. This is a good way to evaluate the person to discover whether she or he would enjoy the work and the residents.

Always be honest about the job, the facility, and the residents. Allow volunteers time to think in order to decide whether to accept an offered position. Outline the basics regarding why, what, and how the volunteer can contribute to the facility. Be sure not to omit any necessary details. Show concern for the person. Concerned interviewers view the volunteer as a person, not as an object. Nothing loses a volunteer's interest more quickly than realizing he or she is only a pair of hands to do a few boring, small jobs. No matter how small the job may be, let volunteers know that their service is important.

An interview will result in one of two decisions: to place or not to place the volunteer. Usually, the volunteer is placed. Be sure to match volunteers to the jobs they are skilled and willing to do. Try to place volunteers as soon as possible so they will not lose interest or motivation. Some facilities have trial periods for volunteers to make sure they are right for the jobs.

If the decision is made not to accept an applicant, consider referring the person to another facility or a more appropriate

volunteer opportunity. Rejecting a volunteer should be handled with courtesy and honesty. Emphasize the person's strengths. Discuss other ways he or she might help others besides doing this job. Make a referral to a volunteer opportunity center if one exists in the community.

Training Volunteers

Despite skill and experience, each volunteer needs some training to be an effective worker. The volunteer should be familiar with the goals of the facility and its services. Although the services involved are similar from one facility to the next, each facility has unique characteristics.

Volunteers must be trained for their expected functions within the facility. Training provides assurance that the work will be done correctly, thus fulfilling the facility's needs and providing success for the volunteers.

Throughout the training process, stress that the residents come first and that confidentiality of resident information is required. Volunteers need to be open-minded, ready to learn, and willing to be supervised. Volunteers should not criticize rules, but should feel free to present their suggestions and opinions to their supervisor. The following information should be presented to new volunteers.

1. A history of the facility
2. The purpose and objectives of the facility and its role in the community
3. Relation of the administration to staff members, to the community, to residents, and to volunteers
4. Fund-raising policies and procedures
5. Personnel policies, procedures, and regulations that pertain to volunteers, such as insurance, safety, parking, coffee breaks, dining areas, and equipment
6. Rules and regulations pertaining uniquely to the volunteers
7. Description of their duties, rights, and roles

Training varies in relation to individual roles. Supervise and help volunteers until they become comfortable with the routine of the facility and the job. A trial period provides the supervisor time to evaluate a volunteer's performance and gives the volunteer the opportunity to decide whether to stay. Training should be a constant strengthening process. It should allow the volunteer to grow and become more independent. As volunteers gain experience, they may be able to help with the supervision and training of other volunteers.

Providing "how to" manuals written for volunteers to read and follow step-by-step will help them. They can refer to the manual whenever needed and use it in teaching new volunteers the same work. Inviting volunteers to attend workshops and conferences provides extra training. Help them to be aware of opportunities in your community. Give them materials to read and show them films to enhance their skills and experience.

Supervising Volunteers

The volunteer coordinator may be involved in establishing the volunteer program. He or she may handle administrative responsibilities such as maintaining volunteer files and records. However, the volunteer coordinator may not be the person who regularly supervises a volunteer.

A volunteer's supervisor(s) will depend on what the volunteer is doing at the facility. The volunteer may be supervised by the activity director, social services profes-

sional, nurses, administrator, or other facility staff members depending on the service he or she is providing. The volunteer's job description should list the appropriate supervisor(s) for the position. The supervisor can also use the job description to know what the volunteer should be doing.

The relationship between the supervisor and the volunteer may influence a volunteer's motivation to do a good job. Their relationship must be comfortable for there to be useful and accepted supervision. The job should be interesting enough for the volunteer to enjoy and feel satisfied with the work.

Certain jobs require more supervision than others, as do certain volunteers. Supervision should keep pace with a volunteer's responsibilities. Be careful not to expect too much too soon. Volunteers should feel welcome to communicate, to express their opinions, and to make suggestions. An effective supervisor leads, not drives; he or she requests, not orders. Try not to criticize volunteers, but make suggestions as needed. When offering suggestions, do it privately and make the discussion sincere and constructive. When you are wrong, admit it freely. An effective supervisor does not "play favorites," but gives each volunteer credit and recognition.

Evaluating Volunteers

Evaluation is a process involved in all phases of development and administration of a volunteer program. Determining areas of weakness and strength concerning the volunteers and the program is a continuous process. From the beginning of the program, checklists should address each area of concern. As the program continues, spot checks should be done. Evaluation determines whether the volunteers and the volunteer program are meeting their designed goals by successfully fulfilling the established objectives. Evaluation is the key to a program's success or failure.

The evaluation process requires efficient record keeping. All job applications and individual volunteer evaluation forms should be kept on file. To evaluate volunteers, routinely observe their work, interview them, and ask opinions of staff members and residents. A volunteer's job description is the guideline for an evaluation. Referring to the requirements of the job can more easily determine the individual's performance. Do not feel apprehensive about evaluating volunteers; it must be done.

Keep records of past volunteers, including comments on their performance and reasons for leaving. Volunteers should be given an opportunity to evaluate the program, and their comments should be kept on file as well. Provide a form for this purpose. Volunteer meetings and discussion with other facility staff is a good way to receive information regarding the volunteer program. The entire volunteer program should be evaluated routinely.

Evaluation sometimes results in the decision to release a volunteer or end a position. The results of your evaluations reflect the effectiveness of an individual volunteer and the entire volunteer program. This situation may be sensitive; handle it with courtesy and honesty. If you feel that the volunteer was not appropriately matched to the facility's needs, consider referring the volunteer to other agencies. Have evaluation results ready to defend your any decisions you regarding volunteers.

Recognizing Volunteers

People volunteer their time and skills for several reasons. Some people sincerely want to help others at no charge. Others are assigned to do voluntary work as a requirement for school, a service organization, or a college fraternity or sorority. They may want to become involved in the real problems of society and the community. Volunteering may be a method of gaining work experience to add to skills needed for employment.

Motivation is an important part of recruiting and supervising volunteers. Motivation is a driving force in the way people work. The job of a volunteer coordinator is to inspire people to want to do volunteer work. Once a person volunteers at a facility, motivation will help him or her to want to continue. Volunteers need to know that the services they are contributing are worthwhile. The cooperation of all staff members is required to provide motivation to volunteers.

Appreciation is an expression of approval or gratitude. Recognition is important to the volunteer. It provides volunteers with a sense of security or belonging and knowing that someone cares. Make giving recognition a habit; be generous with it, privately and publicly.

An annual award program or dinner is recommended for the volunteer program if the facility can afford it. Day-to-day recognition with a smile or a "thank you" from staff members is also important. Recognition and praise also help new volunteers deal with feelings of insecurity and fear of failure.

Volunteers are recognized for a variety of reasons, including the following:

1. For interest shown by the volunteer,
2. Dependability, promptness, usefulness,
3. Initiative on the job,
4. Quality and length of service,
5. Extraordinary service, and
6. Complete fulfillment of a job.

Suggested ways to give recognition are:

1. Praising of the volunteer on the job.
2. Sending letters and postcards of thanks.
3. Asking the advice of the volunteer.
4. Providing identification (uniforms, pins, etc.) so that others may recognize the volunteers.
5. Announcing a special contribution that a volunteer has made.
6. Giving a volunteer a more complex assignment.
7. Publicizing and taking pictures.
8. Holding special events, meetings, or parties.
9. Scheduling volunteer meetings to allow volunteers to become acquainted and the opportunity to provide input concerning the facility's services.
10. Inviting the volunteer to a staff meeting.
11. Presenting special awards and certificates.

The old saying, "'Tis better to give than to receive," also applies to giving recognition. The person who has the privilege of saying "thanks" or giving an award will benefit from the good feeling of doing something for another person.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

Lesson 6: Volunteers

Activity Sheet

1. What is a volunteer?

   _____

   _____

   _____

2. List three reasons that volunteers are valuable to long-term care facilities.

   a. _____

   b. _____

   c. _____

3. List five components of a job description for a volunteer.

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

4. What are two possible sources for volunteers?

   a. _____

   b. _____

5. List two things you should do when interviewing a volunteer?

   a. _____

   b. _____

6. What are the five steps of the volunteer recruitment process?

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

7. What are the seven basic topics that should be presented to new volunteers during training?

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

   g. _____

8. Who provides supervision to a volunteer?

   _____

   _____

   _____

9. List three things you should do to evaluate a volunteer.

   a. _____

   b. _____

   c. _____

10. List three reasons to give a volunteer recognition.

    a. _____

    b. _____

    c. _____

11. List six ways to recognize a volunteer's efforts.

    a. _____

    b. _____

    c. _____

    d. _____

    e. _____

    f. _____

Clinical/Laboratory Activities

1. Contact the Voluntary Action Center (VAC) in your area. Arrange an appointment to interview the director to learn more about coordinating a volunteer program. If there is no VAC in your area, interview an activity director about his or her facility's volunteer program.

2. With permission from facility staff, spend time with a volunteer. Try to learn what motivates the person to volunteer.

3. Make a list of agencies, churches, schools, and service organizations that may be possible volunteer sources in your community.

4. Working with an activity director, make a list of needs or duties that a volunteer could fulfill to assist full-time staff members in all departments of a long-term care facility.

5. Working with an activity director, develop a job description for a volunteer position.

Lesson 7: Program Evaluation

Objectives:

A. Recognize the importance of evaluating the activity program.

B. List types of formal and informal program evaluation methods.

C. Use evaluation methods to evaluate the effectiveness of the activity program.

Key Terms:

- Comparison evaluation

Importance of Evaluating the Activity Program

Program evaluation is a method of assessing the program's accomplishments in order to check on progress, appraise mistakes and successes, and build new and clearer plans for better activity programs. Program evaluation is more than just paperwork and compliance with state and federal regulations. It is the process of discovering what works and what does not, which programs contribute to an individual's quality of life and health and which programs are ineffective in meeting any desired goal or objective. Determining the effectiveness of the activity program will help the activity director justify its value to other staff members.

It is important to evaluate a program to see if objectives are being met for the residents and the facility. In order for the evaluation to be conducted, the objectives of the program must be clearly stated. Formal evaluations of the activity program should be done at regular intervals, such as once a year. Informal evaluations can occur after each activity is implemented by simply talking with those involved and getting their opinions.

Formal Evaluation Methods

Formal methods of program evaluation include using progress notes, care plans, and activity participation records. Progress notes, care plans, and activity participation records are discussed in Unit IV, Lesson 3. These forms already exist in long-term care facilities and are the most realistic evaluation methods to use in terms of time involvement and practicality. Formal evaluation methods provide objective information that can also be obtained from the monthly calendar of events, and equipment inventories.

Resident progress notes and care plans are both important objective measures of the effectiveness of an activity program. It is important to review the care plans of all the residents to determine if their activity needs and interests are identified and current. Activity participation records indicate the amount of time each resident spends participating in different types of activities. By comparing the progress notes, care plans, and participation records, an analysis can be made regarding the adequacy of the activity program in meeting the needs and interests of the residents. When reviewing the information from these forms, ask the following questions.

- Do the activities described on the progress notes match those listed in the care plans?

- Does the information on the progress notes reflect a change in the physical or mental functioning of a resident,

thus requiring an update of the care plan?

Example: A resident has experienced a stroke that has resulted in a slight paralysis of the left side of her body. The care plan for that resident should be updated to indicate the need for rehabilitation services focused on increasing her strength and mobility on that side and adapted equipment in order to try to maintain her interest and involvement in activities.

- Are the activity goals and objectives on the care plan realistic and are they being met effectively?

Activities prescribed according to the goals and objectives of a resident's care plan can be examined on a monthly basis with progress notes and on a quarterly basis during care plan meetings. Successful activities affect a desired change or meet the objectives recorded in the care plan. Reviews should be made by the health care team working with the individual resident, including the activity director, to determine what progress has been made, what changes would be desirable, and what problems have diminished.

The next step would be to use the activity participation records to measure a resident's frequency of involvement in an activity. Activity participation records are effective indicators of residents' involvement in activities and their lives in the facility. Evaluate the program by observing and noting the following information during each activity:

- The number of participants along with the percentage of residents in the facility participating
- The number of participants that arrive early or leave early
- The length and frequency of the activity

If only a small percentage of the residents are participating in an activity, perhaps the activity is not structured to meet the needs and interests of the majority of the residents. If a larger percentage of participants leave an activity more than five minutes early, the activity may not be appropriate for them or it may be too long.

Be cautious when considering attendance numbers at group activities. Reviewing attendance records for group activities may conclude that more emphasis should be given to large spectator activities rather than small group activities because they attract the most people and are less costly per person. Activities should be evaluated in terms of their effectiveness in helping people and not the numbers of participants - *quality vs. quantity* is the key. For this reason, it is suggested that attendance records be used to examine trends in participation, scheduling conflicts, and other factors, rather than just numbers of residents attending.

Comparison evaluation is an evaluation method that compares the number of residents served to the number of hours the activity staff are scheduled. Staff ratios and work loads vary widely from state to state and facility to facility. Some facilities employ one full-time activity director for 40 residents, while another facility may employ one full-time activity director for 150 or more residents. The number and quality of services residents receive are directly related to the number of staff hours available per resident.

Example:

In a facility with 120 residents and 60 hours of activity staff time, the ratio translates to 30 minutes per resident per week. The 30 minutes will include documentation, planning, staff meetings, and program development as well as group and individual activities.

This obviously could not be an effective program in terms of providing for the needs and interests of the residents. This method justifies the need for volunteer assistance in activities, plus the need for an adequate number of paid personnel to conduct a quality program.

From comparing progress notes and care plans to activity participation records and the use of comparison, an assessment can be made regarding the success or failure of an activity. Perhaps the record will show that a resident only participated in a prescribed activity twice in a month's time and the objective in the care plan required twice that amount of participation. Unless the resident had no interest in the activity, failure to affect the desired change in the resident would be the lack of participation rather than the fault of the activity. A review might show that there were scheduling conflicts that prevented participation. The review would then result in a change in the care plan goals and objectives.

Activity participation records measure the quantity factors of an activity program. A review of attendance records will illustrate the percentage of residents actively involved in activities. It will also show which activities are most popular, indicating trends in participation according to interest levels of the residents. Another important aspect of attendance records is that the information will review the percentage of residents not participating in group activities. Several facts can be reviewed through an examination of participation records over a period of time, such as a year with a core group of residents. Changes in cognitive, physical, or emotional functioning levels, which alter participation patterns, can be monitored and observed by comparing participation records with progress notes and care plans. If participation rates decrease significantly during a year, changes are needed in the activity program.

Recording and documenting the results of program evaluation forms provide a foundation from which decisions regarding program planning and development can be made. Activity directors or administrators select appropriate evaluation methods depending on available time, level of interest, and desire to provide a quality program.

Informal Evaluation Methods

Informal methods such as obtaining feedback from the resident and family councils and from staff should become a part of the program evaluation. Subjective information can be collected by informal evaluation methods. Subjective information includes the opinions and feelings of residents, staff, and families obtained from interviews, surveys, and questionnaires. Resident councils and family councils are valuable forums for gathering information about the program.

Questionnaires are useful in gathering opinions from facility staff and family members. Open-ended questionnaires are the most flexible and allow more alert residents an opportunity to fully express their feelings and opinions. When developing a questionnaire, enlist the help of a committee of staff members, residents, and family members. Have several people review it to be sure that the questions are not confusing and are appropriate. Written questionnaires have the advantage of being less costly, less time consuming, and easier to administer to large numbers of people. However, written questionnaires should not be used with cognitively impaired residents.

Another way to receive information about the activity program is from a quality assurance committee or other activity directors. A quality assurance committee may already exist at the facility. If the facility has an outside consultant, request that an evaluation of the activity program be added to the contract. Consider asking another activity director in your area to come and give you feedback about your program. The areas that should be evaluated include the residents, the program, and the facilities. An evaluation of the residents should include a review of who is participating and who is not participating and their reasons for nonparticipation.

The program evaluation should be considered both from the perspective of the residents and the facility staff. The perspectives of the residents is determined by observation, interview, and individual and group discussion. The activity staff should evaluate the program in relation to the following considerations:

- Relationship to care plans and objectives;
- Balance types of activities;
- Leadership effectiveness of activities and the activity program;
- Method of planning activities;
- Adequacy of facilities and equipment.

Test Your Knowledge: Complete the following activity sheet to test your knowledge and understanding of the materials you have studied in this lesson.

After you have completed the activity sheets, you may take the written evaluation for this unit. A score of at least 80 percent indicates you may proceed to the next unit.

Lesson 7: Program Evaluation

Activity Sheet

1. Why is it important to evaluate an activity program?

   _____

   _____

   _____

2. List three methods of formal evaluation.

   a. _____

   b. _____

   c. _____

3. List three things you should look for when comparing progress notes to care plans.

   a. _____

   b. _____

   c. _____

4. What is a comparison evaluation?

   _____

   _____

   _____

   _____

5. When using activity participation records for program evaluation, what three areas of information should you observe and note?

   a. _____

   b. _____

   c. _____

6. List two informal methods of evaluating an activity program.

   a. _____

   b. _____

Clinical/Laboratory Activities

1. Discuss program evaluation methods with an activity director.

2. Ask an activity director if you may review the charts of three residents. Compare the residents' progress notes to their care plans and record of activity participation.

Unit Checklist

Student Name _____ Overall Unit Rating_____

Activity Sheet: Program Philosophy Rating _____

Comments: _____

_____

_____

Activity Sheet: Teams and Leadership Style Rating _____

Comments: _____

_____

Activity Sheet: Time Management Rating _____

Comments: _____

_____

_____

Activity Sheet: Budgets Rating _____

Comments: _____

_____

_____

Activity Sheet: Supervising Staff Rating _____

Comments: _____

_____

Activity Sheet: Volunteers Rating _____

Comments: _____

_____

_____

Activity Sheet: Program Evaluation Rating _____

Comments: _____

_____

_____

Written Unit Evaluation Score _____

Additional Comments: _____

_____

_____

Teacher Signature _____ Date _____

Student Signature _____ Date _____

Written Unit Evaluation

Student Name _____ Date _____

Circle the letter that corresponds to the best answer.

1. What is a good quality of life for a resident in a long-term care facility?

   a. Receiving assistance with activities of daily living
   b. Receiving needed medical assistance
   c. Being involved in stimulating, creative, and meaningful activity
   d. Being in the company of other residents and visitors

2. Why is it a challenge for long-term care facility staff to provide residents with a good quality of life?

   a. Because quality of life has a different meaning for each individual.
   b. Because quality of life is not easy to define.
   c. Because quality of life only applies to people not residing in long-term care facilities.
   d. Because quality of life cannot be measured.

3. What is the most important characteristic of leisure?

   a. It is time free from work or other obligations.
   b. It is a functional activity not viewed as work.
   c. It is a luxury that not everyone can have.
   d. It lacks a sense of obligation or compulsion.

4. _____ is the available time; _____ is the event or action enjoyed during this time.

   a. Leisure; quality of life
   b. Leisure; activity
   c. Activity; leisure
   d. Activity; quality of life

5. Which of the following is <u>not</u> a reason for the evolution of leisure during this century?

   a. Increase in education and income
   b. Change in attitudes toward leisure
   c. Creation of laborsaving devices
   d. Less desire to work

6. What is culture?

   a. The knowledge and artistic appreciation developed by education.
   b. The values, beliefs, customs, and art of a specific social group.
   c. The environment of the long-term care facility.
   d. The acquired taste for fine arts and the humanities.

7. What is a work ethic?

   a. A desire to work all of the time
   b. A desire to be a good worker
   c. A belief in work as a moral good
   d. A need for activities to be work-related

8. Which of the following is an example of a physical benefit of leisure activity?

   a. Fostering socialization, interaction, and communication among residents
   b. Learning something new to share with other residents, friends, and relatives
   c. Concentrating so deeply as to forget personal troubles
   d. Improving cardiovascular and pulmonary function

9. Which of the following is an example of a mental benefit of leisure activity?

   a. Preventing loss of muscle tone and increasing the metabolic rate
   b. Learning something new to share with other residents, friends, and relatives
   c. Concentrating so deeply as to forget personal troubles
   d. Improving cardiovascular and pulmonary function

10. Which of the following is an example of a spiritual benefit of leisure activity?

    a. Preventing loss of muscle tone and increasing the metabolic rate
    b. Learning something new to share with other residents, friends, and relatives
    c. Concentrating so deeply as to forget personal troubles
    d. Improving cardiovascular and pulmonary function

11. Which of the following is <u>not</u> a role of the activity director?

    a. Assisting residents with activities of daily living
    b. Publishing a facility newsletter and calendar of events
    c. Creating a homelike environment where residents have control of their lives
    d. Determining activities to help meet resident care plan goals

12. A _____ is a place where older persons come together for services and activities that enhance their dignity, support their independence, and encourage their involvement in the community.

    a. Long-term care facility
    b. Adult day care
    c. Senior center
    d. Retirement center

13. A _____ is a program that provides personal care, supervision, activities, and therapy for the frail elderly who continue to live at home. It offers a variety of programs during the day in a protective group setting.

    a. Long-term care facility
    b. Adult day care
    c. Senior center
    d. Retirement center

14. A _____ is an institutional setting that provide medical, dietary, social, and activity services to the elderly for an extended period of time.

    a. Long-term care facility
    b. Adult day care
    c. Senior center
    d. Retirement center

15. What kind of relationship should the activity director have with other staff members?

    a. Staff members should think of the activity director as the fun and games person.
    b. It is not necessary for activity director to interact with other staff members.
    c. The activity director should only be concerned with fostering a good relationship with his or her supervisor.
    d. The activity director should be aware of services provided by other staff members and what other staff members think of the activity program.

16. What is <u>not</u> a component of projecting a professional image?

    a. Personal appearance
    b. Having professional certification
    c. Establishing a good first impression
    d. Being responsible and organized

17. Which of the following is a good way for the activity director to maintain job satisfaction and avoid burnout?

    a. Complete work at home if necessary.
    b. Limit workload to what can be done.
    c. Use all personal, vacation, and sick days that are available.
    d. Delegate responsibilities to activity staff and volunteers.

18. Which of the following professional organizations offers a certification program for Missouri activity directors?

    a. MTRS
    b. NCCAP
    c. ADAM
    d. NAAP

19. Which of the following professional organizations is the certifying body recognized by federal law?

    a. MTRS
    b. NCCAP
    c. ADAM
    d. NAAP

20. Which of the following professional organizations publishes the quarterly journal, *Activities, Adaptations & Aging, the Journal of Activities Management*?

    a. MTRS
    b. NCCAP
    c. ADAM
    d. NAAP

21. What is the most significant difference between early philosophies of long-term care and current philosophies of long-term care?

    a. Long-term care facilities must now consider factors that contribute to residents' quality of life.
    b. Long-term care facilities must now concentrate on providing good medical care to residents.
    c. Long-term care facilities are no longer allowed to restrain residents for any reason.
    d. Long-term care facilities must now provide pets, plants, and animals to the environment.

22. Which of the following advocates a current philosophy of care that addresses the problems of boredom, loneliness, and helplessness by introducing animals, plants, and children into the long-term care facility?

    a. The Ombudsman Program
    b. The Homelike Environment Initiative
    c. The Older American Act
    d. The Eden Alternative

23. Enactment of what 1935 law provided federal assistance to homeowners who opened their homes to the elderly?

    a. Omnibus Budget Reconciliation Act
    b. Social Security Act
    c. Older American Act
    d. Occupational Safety and Health Act

24. As of October 1990, all long-term care facilities in the United States that are federally certified to receive funding from Medicare must comply with the new federal regulations known as:

    a. Omnibus Budget Reconciliation Act
    b. Social Security Act
    c. Older American Act
    d. Occupational Safety and Health Act

25. Which government agency establishes guidelines that protect all American workers.

    a. MSDS
    b. OSHA
    c. HCFA
    d. OBRA

26. What is a free and confidential service that protects the rights of residents in long-term care facilities by having volunteers communicate with residents to handle complaints and help them solve problems?

    a. Area Agencies on Aging
    b. Missouri Division of Aging
    c. Ombudsman Program
    d. Older American Initiative

Written Unit Evaluation

Student Name _____ Date _____

Circle the letter that corresponds to the best answer.

1. Adult stages are determined by a combination of physical and social attributes and:

   a. The person's age.
   b. The person's performance potential.
   c. Certain qualities that most people achieve around the same age.
   d. Performance on a psychological examination.

2. A person can be referred to as a long-term survivor when most of their peers have:

   a. Died.
   b. Retired.
   c. Moved.
   d. Divorced.

3. Adults in the old age stage have a tendency to:

   a. Feel that they make a difference in the world.
   b. Accept the world as it exists and to be less aggressive and competitive.
   c. Enjoy their new freedom from responsibilities.
   d. Seek satisfaction through productivity.

4. Adults in the later maturity stage have a tendency to:

   a. Feel that they make a difference in the world.
   b. Accept the world as it exists and to be less aggressive and competitive.
   c. Enjoy their new freedom from responsibilities.
   d. Seek satisfaction through productivity.

5. According to Erik Erikson, what is the task of people in the old age adult stage?

   a. Seek satisfaction through a productivity in career, family, and civic interests.
   b. Reviewing life accomplishments, dealing with losses, and preparing for death.
   c. Developing close personal relationships or intimacy.
   d. Adjusting to social and physical changes.

6. According to Erik Erikson, what is the task of early adulthood?

   a. To make a difference in the world.
   b. To find meaning in living.
   c. To develop close personal relationships and intimacy.
   d. To seek satisfaction through productivity.

7. Many people notice a physical changes such as a decline in vision and hearing in what adult stage?

   a. Early adult
   b. Middle age
   c. Later maturity
   d. Old age

8. Forced retirement, reduced income, perception of faded dreams, loss of loved ones, and negative image of aging are all contributors to a person's feeling of:

   a. Loneliness.
   b. Boredom.
   c. Loss.
   d. Helplessness.

9. Lack of, or reduced, human contact and supportive relationships contribute to a person's feeling of:

   a. Loneliness.
   b. Boredom.
   c. Loss.
   d. Helplessness.

10. Being isolated, having only limited activities, and a lack of pleasant interaction, variety or spontaneity contribute to a person's feeling of:

    a. Loneliness.
    b. Boredom.
    c. Loss.
    d. Helplessness.

11. Fear of abandonment, being isolated, fear for personal safety, feeling stuck and unable to change the current situation, being unable to replace losses, and feeling useless contribute to a person's feeling of:

    a. Loneliness.
    b. Boredom.
    c. Loss.
    d. Helplessness.

12. Should resident activities be separated or mixed by gender?

    a. Activities should be separated or mixed according residents' past lifestyles.
    b. Activities should always include all residents regardless of gender.
    c. Activities should not be separated or mixed by gender.
    d. Activities should always be separated or mixed by gender.

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13. Ethnic background, income level, and geographic location are all examples of _____ differences.

    a. Gender
    b. Individual
    c. Age
    d. Cultural

14. What should activity staff do if a resident expresses concern about his or her ability to participate in an activity?

    a. Tell the resident not to worry and to give it a try.
    b. Ask the resident to come and observe the activity.
    c. Assure the resident that the activity is safe and enjoyable.
    d. Let the resident stay in his or her room.

15. Which of the following is a false statement about residents who are realizing their mortality?

    a. They may appear inactive, but are actually actively reviewing their lives.
    b. They may seem weak and tired and may not express intense feelings.
    c. They may deny their situation and participate in activities as normal.
    d. They may not want visitors or have any personal interests.

16. If a resident refuses to attend an activity, which of the following should activity staff do?

    a. Respect the resident's choice and find out if the activity is meaningful to the resident.
    b. Do not allow the resident to choose or refuse to participate in activities.
    c. Take the resident to the activity hoping that he or she will change his or her mind.
    d. Leave the resident without finding out why he or she does not want to participate.

17. Which of the following is <u>not</u> a demonstration of sensitivity to the needs of others?

    a. Treat people with respect and promote individual's feelings of self-worth.
    b. Protect residents from mental or physical abuse, financial exploitation, and neglect.
    c. Lead discussion groups for residents to listen, show concern for others, and give helpful advice.
    d. Discussing a person within hearing distance even though the person cannot understand what you are saying.

18. Which of the following statements about problem behavior is false?

    a. Problem behavior may be a symptom of a problem beyond the resident's control.
    b. Problem behavior is just something that the facility staff must tolerate.
    c. Problem behavior can be caused by the resident's environment.
    d. Problem behavior may be a method of communication.

19. Which of the following is a common mental disorder that causes mood disturbances, feelings of worthlessness, emptiness, and hopelessness?

    a. Dementia
    b. Depression
    c. Delirium
    d. Alzheimer's disease

20. Which of the following is a chronic mental disorder, mostly found in the elderly, that makes it difficult for a resident to remember thoughts and adjust to situations and surroundings?

    a. Dementia
    b. Depression
    c. Delirium
    d. Alzheimer's disease

21. Which of the following is a temporary, reversible change in brain cell function that may occur abruptly after a head injury or may develop over a short time?

    a. Dementia
    b. Depression
    c. Delirium
    d. Alzheimer's disease

22. Which of the following is an irreversible dementia that is chronic and progressive and is difficult to diagnose with certainty without an autopsy?

    a. Dementia
    b. Depression
    c. Delirium
    d. Alzheimer's disease

23. Shakiness, sleep disturbances, agitation, loss of appetite, falls, depression, poor hygiene, and staying near a TV or telephone are all symptoms of what?

    a. Delirium
    b. Dementia
    c. Substance abuse
    d. Alzheimer's disease

24. Residents with _____ need regular medical attention and protection from injury. Abrupt changes and crowds should be avoided. They need positive reinforcement, appropriate humor, and regular social interaction.

    a. Delirium
    b. Dementia
    c. Substance abuse
    d. Depression

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25. Residents with _____ are comforted by a predictable pattern of activity. If they exhibit problem behavior, staff should adjust anything the resident finds uncomfortable (clothes, temperature, location, and noise level). Offer reassurance and friendly conversation.

    a. Delirium
    b. Dementia
    c. Alzheimer's disease
    d. Depression

26. Staff need to allow resident with _____ to do what he or she can to take care of his or her physical needs. Do not appear too cheerful around the resident. Listen to the resident and offer realistic hope for the future.

    a. Delirium
    b. Dementia
    c. Substance abuse
    d. Depression

Match the factors that contribute to feelings of loss in Column A with suggestions in Column B that may help compensate for that loss in a person's life.

Column A	Column B
_____27. Loss of home, familiar surroundings, and other prized possessions.	a. Remember and celebrate past successes. Audio or video tape resident's personal histories.
_____28. Loss of loved ones.	b. Help resident maintain contact with friends and relatives and also develop new relationships.
_____29. Perception that one's lives and dreams have faded.	c. Provide grooming and glamorizing services to help residents look their best.
_____30. Decline in personal appearance.	d. Make residents' rooms and environment as homelike as possible. Encourage residents to bring furniture and decorations from home.

Match the resident need in Column A with its competing staff need in Column B.

Column A	Column B
_____31. Residents need eye to eye communication.	a. Staff may be hurried or may have a need to feel needed.
_____32. Residents need to be as independent as possible.	b. Staff must advertise activities well in advance to allow time for residents to be prepared and receive assistance with personal grooming.
_____33. Residents need to preserve their usual routine.	c. Staff may forget to properly communicate residents because of having only limited time to transport residents.
_____34. Residents need to feel that their appearance is presentable.	d. Staff will require flexible schedules to provide activities in the evenings and weekends.

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Written Unit Evaluation

Student Name _____ Date _____

Circle the letter that corresponds to the best answer.

1. Adult stages are determined by a combination of physical and social attributes and:

   a. The person's age.
   b. The person's performance potential.
   c. Certain qualities that most people achieve around the same age.
   d. Performance on a psychological examination.

2. A person can be referred to as a long-term survivor when most of their peers have:

   a. Died.
   b. Retired.
   c. Moved.
   d. Divorced.

3. Adults in the old age stage have a tendency to:

   a. Feel that they make a difference in the world.
   b. Accept the world as it exists and to be less aggressive and competitive.
   c. Enjoy their new freedom from responsibilities.
   d. Seek satisfaction through productivity.

4. Adults in the later maturity stage have a tendency to:

   a. Feel that they make a difference in the world.
   b. Accept the world as it exists and to be less aggressive and competitive.
   c. Enjoy their new freedom from responsibilities.
   d. Seek satisfaction through productivity.

5. According to Erik Erikson, what is the task of people in the old age adult stage?

   a. Seek satisfaction through a productivity in career, family, and civic interests.
   b. Reviewing life accomplishments, dealing with losses, and preparing for death.
   c. Developing close personal relationships or intimacy.
   d. Adjusting to social and physical changes.

6. According to Erik Erikson, what is the task of early adulthood?

   a. To make a difference in the world.
   b. To find meaning in living.
   c. To develop close personal relationships and intimacy.
   d. To seek satisfaction through productivity.

7. Many people notice a physical changes such as a decline in vision and hearing in what adult stage?

   a. Early adult
   b. Middle age
   c. Later maturity
   d. Old age

8. Forced retirement, reduced income, perception of faded dreams, loss of loved ones, and negative image of aging are all contributors to a person's feeling of:

   a. Loneliness.
   b. Boredom.
   c. Loss.
   d. Helplessness.

9. Lack of, or reduced, human contact and supportive relationships contribute to a person's feeling of:

   a. Loneliness.
   b. Boredom.
   c. Loss.
   d. Helplessness.

10. Being isolated, having only limited activities, and a lack of pleasant interaction, variety or spontaneity contribute to a person's feeling of:

    a. Loneliness.
    b. Boredom.
    c. Loss.
    d. Helplessness.

11. Fear of abandonment, being isolated, fear for personal safety, feeling stuck and unable to change the current situation, being unable to replace losses, and feeling useless contribute to a person's feeling of:

    a. Loneliness.
    b. Boredom.
    c. Loss.
    d. Helplessness.

12. Should resident activities be separated or mixed by gender?

    a. Activities should be separated or mixed according residents' past lifestyles.
    b. Activities should always include all residents regardless of gender.
    c. Activities should not be separated or mixed by gender.
    d. Activities should always be separated or mixed by gender.

13. Ethnic background, income level, and geographic location are all examples of _____ differences.

    a. Gender
    b. Individual
    c. Age
    d. Cultural

14. What should activity staff do if a resident expresses concern about his or her ability to participate in an activity?

    a. Tell the resident not to worry and to give it a try.
    b. Ask the resident to come and observe the activity.
    c. Assure the resident that the activity is safe and enjoyable.
    d. Let the resident stay in his or her room.

15. Which of the following is a false statement about residents who are realizing their mortality?

    a. They may appear inactive, but are actually actively reviewing their lives.
    b. They may seem weak and tired and may not express intense feelings.
    c. They may deny their situation and participate in activities as normal.
    d. They may not want visitors or have any personal interests.

16. If a resident refuses to attend an activity, which of the following should activity staff do?

    a. Respect the resident's choice and find out if the activity is meaningful to the resident.
    b. Do not allow the resident to choose or refuse to participate in activities.
    c. Take the resident to the activity hoping that he or she will change his or her mind.
    d. Leave the resident without finding out why he or she does not want to participate.

17. Which of the following is <u>not</u> a demonstration of sensitivity to the needs of others?

    a. Treat people with respect and promote individual's feelings of self-worth.
    b. Protect residents from mental or physical abuse, financial exploitation, and neglect.
    c. Lead discussion groups for residents to listen, show concern for others, and give helpful advice.
    d. Discussing a person within hearing distance even though the person cannot understand what you are saying.

18. Which of the following statements about problem behavior is false?

    a. Problem behavior may be a symptom of a problem beyond the resident's control.
    b. Problem behavior is just something that the facility staff must tolerate.
    c. Problem behavior can be caused by the resident's environment.
    d. Problem behavior may be a method of communication.

19. Which of the following is a common mental disorder that causes mood disturbances, feelings of worthlessness, emptiness, and hopelessness?

    a. Dementia
    b. Depression
    c. Delirium
    d. Alzheimer's disease

20. Which of the following is a chronic mental disorder, mostly found in the elderly, that makes it difficult for a resident to remember thoughts and adjust to situations and surroundings?

    a. Dementia
    b. Depression
    c. Delirium
    d. Alzheimer's disease

21. Which of the following is a temporary, reversible change in brain cell function that may occur abruptly after a head injury or may develop over a short time?

    a. Dementia
    b. Depression
    c. Delirium
    d. Alzheimer's disease

22. Which of the following is an irreversible dementia that is chronic and progressive and is difficult to diagnose with certainty without an autopsy?

    a. Dementia
    b. Depression
    c. Delirium
    d. Alzheimer's disease

23. Shakiness, sleep disturbances, agitation, loss of appetite, falls, depression, poor hygiene, and staying near a TV or telephone are all symptoms of what?

    a. Delirium
    b. Dementia
    c. Substance abuse
    d. Alzheimer's disease

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Written Unit Evaluation

Student Name _____ Date _____

Circle the letter that corresponds to the best answer.

1. Which of the following is not a technique for effective communication when speaking with residents?

   a. Use active listening and clarify the message
   b. Speak with a loud voice
   c. Speak to residents at their level
   d. Take more time

2. How should you address residents?

   a. Always by their first names
   b. Always by their first and last names
   c. Always by a courtesy title and their last names
   d. Always with a courtesy title and last name, unless asked to be called by their first names

3. What is a communication board?

   a. A bulletin board for posting messages.
   b. A chalkboard or notepad that someone who cannot speak uses to write messages.
   c. A board that displays pictures that show various activities provided in the facility.
   d. A board that posts nursing instructions for each resident.

4. What is active listening?

   a. To ignore all distractions and concentrate on a person's words and nonverbal cues.
   b. To summarize or repeat what a resident tells you.
   c. To turn your body towards the person who is speaking.
   d. To treat residents with dignity and speak to them as adults.

5. A communication board is used to overcome what communication barriers?

   a. Mental disorders and confusion
   b. Generational differences
   c. Hearing and visual impairments
   d. Language differences and aphasia

6. How do residents with Broca's aphasia speak?

   a. They may speak in short, meaningful sentences, often omitting small words such as "as," "and," and "the."
   b. They may speak in long sentences that have no meaning and often add unnecessary words.
   c. They are limited in their ability to speak.
   d. They are not able to speak.

7. Which of the following communication techniques is <u>not</u> used to communicate with residents who have aphasia?

   a. Use short sentences that are direct and concrete.
   b. Play 20 questions to "zero in" on meaning.
   c. Pretend to understand what the resident is saying.
   d. Use visual clues and gestures that match the words.

8. What is a technique to help residents with visual and hearing impairments during activities?

   a. Use a communication board.
   b. Pair residents with partners.
   c. Use reminiscence, validation, or reality orientation therapies.
   d. Move residents to the back of the room.

9. Validation therapy is a technique used to help confused residents by:

   a. Acknowledging the residents' feelings and telling them that the feelings are true.
   b. Reminding residents of who they are, where they are, and what time it is.
   c. Helping the person come to terms with guilt, conflict, defeat, and to find meaning in accomplishments.
   d. Remembering the resident's productive years and resolving unfinished emotional business.

10. When are reminiscence therapy, validation therapy, and reality orientation used to help residents?

    a. When any resident have a mental disorder and is confused
    b. When staff is trained to use the method and it is indicated in the resident's care plan
    c. When communicating with residents who have Alzheimer's disease
    d. When planning activities for confused residents to help find out their preferences

Written Unit Evaluation

Student Name _____ Date _____

Circle the letter that corresponds to the best answer.

1. What is assessment?

   a. Process of discovering a residents' weaknesses and need for therapy
   b. Process of discovering an individual's identity, strengths, and needs
   c. Process of discovering how well a resident can do a certain activity
   d. Process of discovering a resident's cognitive and physical abilities

2. Which of the following is <u>not</u> a major component of leisure assessment?

   a. Identifying current physical, social, cognitive, and emotional functioning levels of the resident
   b. Identifying distinct characteristics, including the resident's interests, abilities, routines, and perceptions
   c. Comparing past and present lifestyle patterns
   d. Testing the resident's current mental and physical abilities

3. When does resident leisure assessment happen?

   a. The resident's first day at the facility
   b. Every three or four months depending on regulations
   c. Throughout the resident's stay in the facility
   d. Prior to the resident's move to the facility

4. What type of assessment tool involves finding a resident's recreational activities by interviewing the resident or family members using a list of recreational activities, sports, or hobbies?

   a. Minimum data set
   b. Standardized assessment
   c. Questionnaire
   d. Activity checklist

5. What type of assessment tool asks basic questions about past and present leisure interests, community involvement, and hobbies using open-ended questions?

   a. Minimum data set
   b. Standardized assessment
   c. Questionnaire
   d. Activity checklist

6. What is the MDS?

   a. Red flags that identify actual or potential problems that resident may have
   b. A comprehensive, standardized assessment process
   c. Part of the RAI that determines the minimum information needed to begin a comprehensive assessment
   d. Guidelines that help facility staff identify underlying causes of resident problems

7. Which facilities use the current version of the Health Care Finance Administration's Resident Assessment Instrument?

   a. Facilities that choose to use the resident assessment tool
   b. All long-term care facilities in Missouri
   c. All facilities that have more than 100 beds
   d. All facilities participating in Medicare or Medicaid programs

8. What is a goal?

   a. A statement of intent that describes the end that one strives to attain.
   b. Descriptions of behaviors or performances that a resident must exhibit.
   c. Objectives that meet the resident's special needs and interests.
   d. Steps necessary to meet a resident's special needs and interests.

9. What should the activity director do to help a resident with goal setting?

   a. Set the goal according to the care plan without resident input.
   b. Provide whatever assistance the resident needs to accomplish the goal.
   c. Pay attention to the resident's problems.
   d. Increase positive behavior and try a smaller goal.

10. Which of the following is <u>not</u> a purpose for writing goals and objectives for the activity program?

    a. To provide a basis for the selection or design of activities.
    b. To comply with state and federal regulations.
    c. To challenge the resident to function at a higher level..
    d. To give the resident the means to organize his or her efforts toward accomplishing a task.

11. What are the three components of an objective?

    a. Goal, care plan, and objective
    b. Condition, behavior, and criteria
    c. Knowledge, skill, and ability
    d. Equipment, time, and skill

12. Which of the following fragments of an objective represents the criteria?

    a. When given the necessary equipment . . .
    b. . . . three out of five times.
    c. . . . the resident will demonstrate the ability to initiate conversation . . .
    d. . . . the resident will demonstrate increased endurance . . .

13. Which of the following fragments of an objective represents the behavior?

    a. When given the necessary equipment . . .
    b. . . . three out of five times.
    c. . . . the resident will demonstrate the ability to initiate conversation . . .
    d. . . . hit the target 50 percent of the time.

14. Which of the following fragments of an objective represents the condition?

    a. When given the necessary equipment . . .
    b. . . . three out of five times.
    c. . . . the resident will demonstrate the ability to initiate conversation . . .
    d. . . . the resident will show demonstrate increased endurance . . .

15. A type of documentation that offers a record of observations that summarize a resident's participation in activities?

    a. Care plan
    b. Progress notes
    c. Record of activity participation
    d. MDS

16. Documentation that consists of goals and objectives tailored to meet the special needs and interests of the residents?

    a. Care plan
    b. Progress notes
    c. Record of activity participation
    d. MDS

17. Documentation that records information about a resident's participation in monthly activities?

    a. Care plan
    b. Progress notes
    c. Record of activity participation
    d. MDS

18. Which of the following is not true about writing progress notes?

    a. Use an ink pen and never erase mistakes.
    b. Write observations in a subjective rather than objective way.
    c. Use direct quotes when describing an emotional statement.
    d. Only use facility-approved symbols and abbreviations.

19. What is the most important reason to maintain and evaluate accurate documentation of resident involvement in activities?

    a. To show resident families what their relatives do all day at the facility
    b. To keep the facility's administration informed of the activity program's work
    c. To determine the adequacy of the activity program in meeting the needs and interests of the residents
    d. To comply with regulations

Written Unit Evaluation

Student Name _____ Date _____

Circle the letter that corresponds to the best answer.

1. What are therapeutic activities?

   a. Activities that are mostly for entertainment.
   b. Activities conducted by licensed therapists.
   c. Activities that have a social, emotional, physical, cognitive, or sensory benefit for residents.
   d. Activities that support the resident's previous lifestyle.

2. What are diversional activities?

   a. Activities that meet resident's care plan goals.
   b. Activities that are mostly for entertainment.
   c. Activities that do not offer physical or social benefits to the residents.
   d. Activities that support the resident's previous lifestyle.

3. Identifying the proper numbers and letters on a bingo card is an example of what kind of activity benefit to the resident?

   a. Physical
   b. Social
   c. Emotional
   d. Cognitive

4. Using fine motor skills to place chips on the bingo card is an example of what kind of activity benefit to the resident?

   a. Social
   b. Physical
   c. Emotional
   d. Cognitive

5. Feelings of accomplishment, increased self-esteem, and having something to anticipate are examples of what kind of activity benefit?

   a. Social
   b. Physical
   c. Emotional
   d. Cognitive

6. Learning a new skill, improving memory, decision making, and creative expression are examples of what kind of activity benefit?

   a. Social
   b. Physical
   c. Emotional
   d. Cognitive

7. Being with other people and reaching out to friends and family are examples of what kind of activity benefit?

   a. Social
   b. Sensory
   c. Emotional
   d. Cognitive

8. Using touch, sight, smell, hearing, and taste are examples of what kind of activity benefit?

   a. Social
   b. Physical
   c. Emotional
   d. Sensory

9. What should the activity director do if age appropriate materials are available and a resident still chooses an activity that is inappropriate for the person's age?

   a. He or she should not allow the resident to do the activity.
   b. He or she should allow the resident to do the activity.
   c. He or she should allow the resident to do the activity and document the resident's choice.
   d. He or she should remove the inappropriate materials from the resident.

10. What determines the appropriateness of music in a long-term care facility?

    a. Choice, timing, and volume
    b. Type, inspiration, and sound quality
    c. Availability, rhythm, and lyrics
    d. Tone level, rhythm, and memories

11. Why is music important in a long-term care facility?

    a. It makes the environment more homelike.
    b. It makes the working environment more enjoyable for the staff.
    c. Background music is a good way to cover undesirable sounds of the facility.
    d. It is a powerful way to stimulate memories and uncover past talents and interests.

12. Which of the following is not a proper consideration for planning an activity?

    a. Offer a variety of activities that are physical, mental, and creative all in the same area.
    b. Give plenty of notice to upcoming events and include traditional and seasonal activities.
    c. Activities should last more than 45 minutes and cognitively stimulating activities should be offered after lunch.
    d. The activity director must consider space, cost, help, supplies, and time.

13. Which of the following statements about safety concerns for activities is not true?

    a. The activity director must consider environmental concerns such as sunscreen, ramps, shade, and water that effect a resident's health.
    b. The activity director must only follow a list of safety concerns and procedures for activities and not facility-wide concerns such as fire and natural disasters.
    c. The activity director must consider residents care plans and follow physicians' orders.
    d. The activity director must clean up equipment and spills and be concerned about preventing the spread of infections.

14. What is not a step of procedure for planning an activity?

    a. Test the equipment in the location of the activity.
    b. Publicize the activity.
    c. Recruit needed help the day of the activity.
    d. Order or purchase materials.

15. Which of the following is an example of an active game?

    a. Bridge
    b. Billiards
    c. Checkers
    d. Bingo

16. The use of humor in a long-term care facility is:

    a. Inappropriate
    b. Unusual
    c. Not age appropriate
    d. Therapeutic

17. What type of activities are better for large groups?

    a. Performances
    b. Discussions
    c. Crafts
    d. Flower arranging

18. Adapting activities includes all of the following, except:

    a. Using Velcro, clamps, tape, or other materials to help the resident handle items.
    b. Modifying rules of games to let every resident win.
    c. Telling residents what to make and physically controlling the construction with hand-over-hand assistance.
    d. Helping residents with visual and hearing impairments by providing large print materials or placing closer to a speaker.

Match the activities in Column A to the appropriate program area in Column B.

Column A	Column B
_____19. Cards	a. Religious
_____20. Woodwork	b. Sensory stimulation
_____21. Sing-along	c. Sports
_____22. Memorial services	d. Arts
_____23. Lectures	f. Education
_____24. Baking group	g. Reminiscence
_____25. Nature walks	h. Crafts
_____26. Storytelling	i. Community service
_____27. Adopt-a-Grandparent program	j. Entertainment
	k. Food
_____28. Walking group	l. Games
_____29. Watercolor	

Written Unit Evaluation

Student Name _____ Date _____

Circle the letter that corresponds to the best answer.

1. Which of the following is a statement of philosophy that describes in broad terms the reason for the activity program's existence and its general goals?

   a. Mission statement
   b. Program statement
   c. Philosophy statement
   d. Purpose statement

2. Which of the following is <u>not</u> a characteristic of an effective team?

   a. The workload is distributed fairly.
   b. Challenges to team leader authority are not allowed.
   c. Emphasis is placed on the importance and respect of everyone's ideas.
   d. The effort of each team member is recognized and understood.

3. Which style of leadership just lets things happen?

   a. Autocratic
   b. Laissez-faire
   c. Democratic
   d. Aggressive

4. Which style of leadership allows all members of a group to be involved in making decisions?

   a. Autocratic
   b. Laissez-faire
   c. Democratic
   d. Non-assertive

5. The leader makes all decisions without input from others in which style of leadership?

   a. Autocratic
   b. Laissez-faire
   c. Democratic
   d. Assertive

6. Which style of leadership is best for the activity director to use when another activity staff member is leading a group or activity and does not require assistance?

   a. Autocratic
   b. Laissez-faire
   c. Democratic
   d. Aggressive

7. Which style of leadership will help the activity director determine resident activity preferences?

   a. Autocratic
   b. Laissez-faire
   c. Democratic
   d. Aggressive

8. Which style of leadership should the activity director use when participants cannot make decisions?

   a. Autocratic
   b. Laissez-faire
   c. Democratic
   d. Non-assertive

9. Which of the following statements is an example of assertive communication?

   a. "It doesn't matter what I think."
   b. "It doesn't matter what you think."
   c. "Whatever you want to do is fine with me."
   d. "This is how I see the situation."

10. Which communication style involves standing up for personal rights and expressing thoughts, feelings, and beliefs in a way that is often dishonest and usually inappropriate?

    a. Nonassertive communication
    b. Assertive communication
    c. Aggressive communication
    d. Nonaggressive communication

11. What is deference?

    a. To avoid responding to someone because you are unsure of what to say
    b. To be subservient to another person because he or she is older, more powerful, experienced, knowledgeable, or a different sex or race
    c. To ignore what another person because he or she is older, more powerful, experienced, knowledgeable, or a different sex or race
    d. To defer problems to other staff members

12. Which of the following is not a role of the activity director when working with the resident council?

    a. Informing appropriate facility staff of problems brought up by the council
    b. Preparing the meeting agenda and scheduling the meeting
    c. Recording minutes of the meeting
    d. Directing the meeting as president of the council

13. What are the three principles of time management?

    a. Plan the event, inform the team, and carry out the task.
    b. Bring each task into perspective, involve the team, and evaluate the results.
    c. Plan the event, schedule the event, and hold the event.
    d. Set the schedule, gather resources, and hold scheduled activities.

14. The primary task of planning an activity calendar is to schedule the following resources:

    a. People, space, supplies, and equipment
    b. Time, equipment, interests, and adaptations
    c. Holidays, meals, birthdays, and activities
    d. Money, time, supplies, and residents

15. Which of the following is not a step in planning an activity calendar?

    a. Create a list of supplies needed for each activity.
    b. Distribute the calendar to facility staff and residents.
    c. Do not allow scheduled activities to change.
    d. Let other facility staff review and comment on a rough draft of the calendar.

16. The _____ serves as a guide for the entire year's worth of activity expenses.

    a. Checking statement
    b. Annual budget
    c. Monthly budget
    d. Program budget

17. Which of the following is not a step for establishing an annual budget?

    a. Review past years' programs and attendance records.
    b. Look at current facility population for levels and variety of activities required.
    c. Gather current prices and fees associated with ongoing and potential activities.
    d. As money is spent, record the date, description, and amount next to the category.

18. A _____ is an internal control defined by facility policies and procedures that safeguards activity program funds.

    a. Budget restriction
    b. Checking account
    c. Monthly budget
    d. Annual budget

19. What is the first step in obtaining community donations or conducting a fund-raising effort?

    a. List potential resources, services, organizations, and contributors in the community.
    b. Receive complete support from the facility administrator.
    c. Contact the Chamber of Commerce for information on businesses and associations.
    d. Inform facility staff regarding the search for donations.

20. How does the activity director determine who to hire as a member of the activity staff?

    a. Chooses a person who is reliable and enjoys working with older people.
    b. Finds a person that he or she can relate to and shares common interests.
    c. Chooses the person based on personal references and experience.
    d. Finds someone to balance his or her skills and abilities.

21. The _____ defines the responsibilities and requirements of the job.

    a. Job description
    b. Employee orientation
    c. Employee training
    d. Policies and procedures manual

22. What should the activity director <u>not</u> do when orienting and training a new activity staff member?

    a. Introduce the person to the facility, facility staff, and the activity program.
    b. Allow the new staff member to help set work responsibilities and standards.
    c. Expect the new staff member to perform at 100 percent right away.
    d. Indicate that you are available for guidance and supervision.

23. Why is it important for the activity director to delegate responsibilities?

    a. To keep other staff members busy.
    b. To prevent burnout and meet the residents' needs.
    c. To exercise a supervisory responsibility.
    d. To make sure staff member's schedules are equal.

24. Which of the following is not a supervisory responsibility of the activity director?

    a. Determining facility goals
    b. Motivating staff
    c. Enforcing policies and procedures
    d. Distributing work

25. Good supervisors do all of the following, except:

    a. Make decisions and establish priorities.
    b. Do not take themselves too seriously and use humor liberally.
    c. Allow staff to contribute ideas and suggestions.
    d. Delegate responsibilities and not do work below their level of expertise.

26. Which of the following is not appropriate when giving feedback to activity staff members?

    a. Give feedback that focuses on behavior and not the person.
    b. Give feedback that focuses on strengths as well as weaknesses.
    c. Give feedback at a convenient time after observing behavior.
    d. Give feedback in a nonthreatening and nonjudgmental way.

27. The best way to determine a facility's volunteer needs is to:

    a. Observe the different services being offered in the facility.
    b. Ask the administrator.
    c. Discuss needs with department heads and administration.
    d. Place people who want to volunteer according to his or her skills and interests.

28. Which of the following information is not included on a volunteer job description?

    a. Amount of time involved
    b. Salary information
    c. Description of responsibilities
    d. Preferred knowledge or qualifications

29. Why are volunteers beneficial to long-term care facilities?

    a. They allow more attention to be given to residents.
    b. They can do tasks that staff members do not want to do.
    c. They can substitute for staff members.
    d. They do not require training or supervision.

30. What is the purpose for evaluating volunteers?

    a. To keep records on volunteers
    b. To find out reasons for recognizing volunteer's service
    c. To determine whether the volunteers are meeting the program's goals
    d. To motivate volunteers

31. Which of the following is <u>not</u> an appropriate way to recognize a volunteer?

    a. Invite volunteer to a staff meeting and to contribute ideas.
    b. Give them expensive gifts.
    c. Send thank-you, birthday or Valentine's day cards.
    d. Praise volunteers and announce their contributions.

32. Why is it important to evaluate the activity program?

    a. To determine the effectiveness of the activity program in meeting the goals and objectives of residents and the facility
    b. To justify the existence of the activity program to residents' families and administration
    c. To comply with state and federal regulations
    d. To maintain a record of activities that the program provides during a year

33. Which of the following is an example of a formal evaluation method used to evaluate the activity program?

    a. Questionnaires given to facility staff and resident family members
    b. Discussing activities with residents and staff members
    c. Reviewing progress notes and care plans
    d. Surveying the resident and family councils

34. How often can informal evaluation methods be used to evaluate the activity program?

    a. Monthly
    b. Quarterly
    c. Annually
    d. After each activity

35. What is comparison?

    a. An evaluation method that compares the number of residents served to the number of hours the activity staff are scheduled.
    b. An evaluation method that compares the number of activities to the number of residents in the facility.
    c. An evaluation method that compares the number of residents to attendance records at activities.
    d. An evaluation method that compares care plan goals to the resident needs met by activities.

36. Records of activity participation are used to evaluate the activity program:

    a. To determine activity success based on the number of residents who attended an activity.
    b. To examine trends in participation, scheduling conflicts, and other factors.
    c. To determine if residents' objectives are being met by activities.
    d. To determine if the activity program is meeting state and federal regulations.

Activity Director Competency Record

Name and Address: _____

Directions: Evaluate the student by entering the appropriate number to indicate the degree of competency.

Rating Scale (0-6):

0 No Exposure - no experience/knowledge in this area; program/course did not provide instruction in this area
1 Unsuccessful Attempt - unable to meet knowledge or performance criteria and/or required significant assistance
2 Partial Demonstration - met some of the knowledge or performance criteria with or without minor assistance
3 Knowledge Demonstrated - met knowledge criteria without assistance at least once
4 Performance Demonstrated - met performance criteria without assistance at least once
5 Repetitive Demonstration - met performance and/or knowledge criteria without assistance on multiple occasions
6 Mastered - successfully applied knowledge or skills in this area to solve related problems independently

(IBM) 10-97

0-6	Date	A. Introduction to Activity Director in a Long-Term Care Facility
		1. Compare and contrast activities vs. leisure. [A001]
		2. Identify how the role of leisure has evolved. [A002]
		3. Identify how the role of activity director has evolved. [A003]
		4. Project a professional image. [A004]
		5. Utilize the regulations that apply to the activity director. [A005]
		Other: _____
		_____

0-6	Date	B. Psychosocial Needs of Adults
		1. Describe how the environment and activity program can help alleviate feelings of loss, helplessness, boredom, and loneliness. [B001]
		2. Demonstrate a sensitivity to the needs of others and self. [B002]
		3. Identify observable characteristics of common mental disorders. [B003]
		Other: _____
		_____

0-6	Date	C. Interpersonal Communication Skills
		1. Modify communication techniques to overcome communication barriers. [C001]
		2. Apply communication techniques in different activities. [C002]
		Other: _____
		_____

0-6	Date	D. Assessment and Evaluation
		1. Utilize a completed assessment while interacting with the client. [D001]
		2. Assess the leisure lifestyle of others. [D002]
		3. Complete the activity section of the MDS. [D003]
		4. Document progress of activity goals. [D004]
		5. Evaluate care plan goals and revise as needed. [D005]
		Other: _____
		_____

0-6	Date	E. Programming
		1. Compare and contrast therapeutic and diversional activities. [E001]
		2. Individualize activities to meet care plan goals. [E002]
		3. Analyze the benefits of the particular activity. [E003]

0-6	Date	E. Programming (continued)
		4. Identify steps of procedure for planning activities. [E004]
		5. Plan activities. [E005]
		6. Develop a list of resources available in your community. [E006]
		7. Lead activities. [E007]
		8. Adapt activities. [E008]
		Other: _____
		_____

0-6	Date	F. Management
		1. Develop a purpose statement for the activity program. [F001]
		2. Function as a team member. [F002]
		3. Develop and be able to modify your own leadership style to various situations. [F003]
		4. Assist resident and family council programs. [F004]
		5. Create an activity calendar. [F005]
		6. Manage time effectively. [F006]
		7. Manage a budget. [F007]
		8. Supervise activity staff. [F008]
		9. Coordinate the volunteer program. [F009]
		10. Use evaluation methods to measure the effectiveness of the activity program. [F010]
		Other: _____
		_____

Certificate of Achievement

This is to certify that

_____

Achieved the Competencies
as Acknowledged for
Activity Director in a Long-Term Care Facility
And is Therefore Recognized

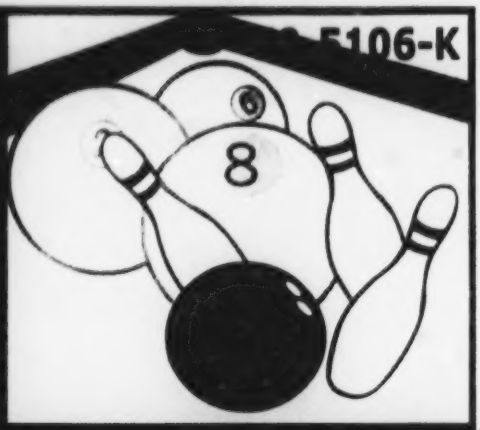
This _____ Day of _____, _____

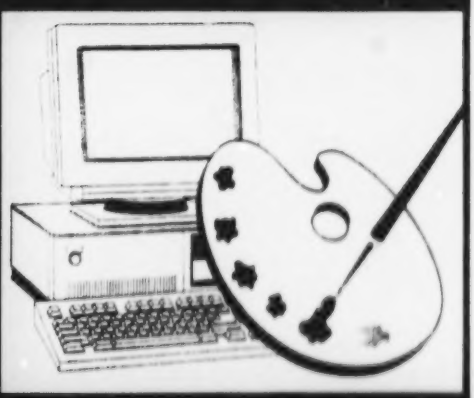
_____ _____

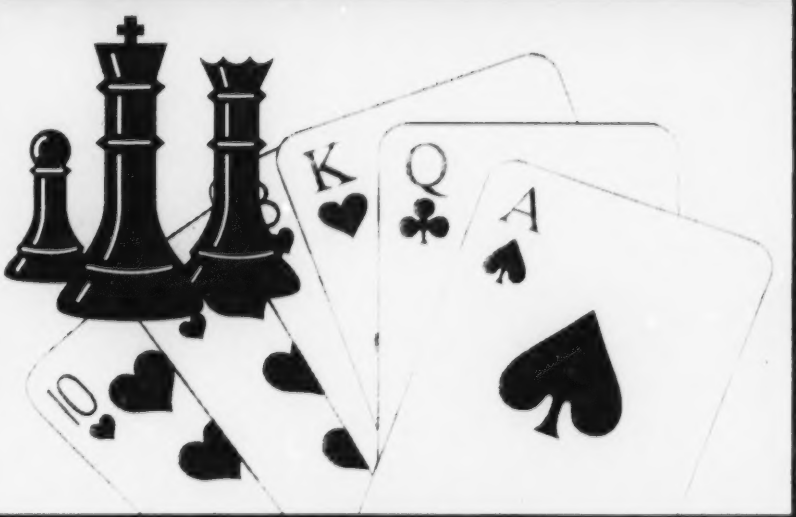
Instructor Administrator

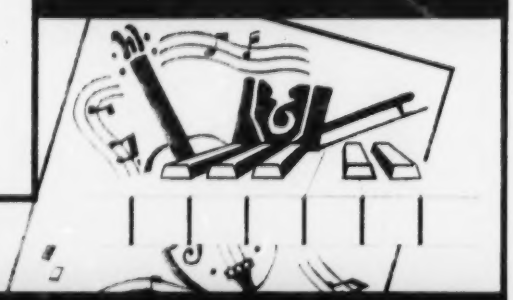
F106-K

Activity Director in a Long-Term Care Facility









Instructor Key

Instructional Materials Laboratory • University of Missouri-Columbia

Notice: The information presented in this publication reflects current medical standards of care to the best of our knowledge. Of course, readers are advised to be aware of local protocols, the needs and circumstances of individual cases, and their responsibility to stay abreast of emerging knowledge and clinical procedures. The authors, editors, and publishers disclaim any responsibility for improper treatment resulting from the clinical procedures outlined in this publication, for misinterpretation of the information presented, and for any undetected inaccuracies within the text.

Available from:
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"Development of this project was supported in whole or in part by funds from the Department of Elementary and Secondary Education, Division of Vocational and Adult Education. However, information or opinions expressed herein do not necessarily reflect the position or policies of the Missouri Department of Elementary and Secondary Education or the Division of Vocational and Adult Education, and no official endorsement should be inferred."

Activity Director in a Long-Term Care Facility

Instructor Key

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Produced by:
Instructional Materials Laboratory
University of Missouri-Columbia
Columbia, Missouri

September 1997

Catalog Number 50-5106-K

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Instructional Strategies

This *Activity Director in a Long-Term Care Facility* Instructor's Key is designed to be used with the *Activity Director in a Long-Term Care Facility* Student Manual. It provides answers to the activity sheets and unit evaluations. The content was developed with input from secondary health occupations education instructors, activity personnel, nurses, and personnel from the Missouri Division of Aging, Missouri Department of Elementary and Secondary Education, and the Instructional Materials Laboratory at the University of Missouri-Columbia.

The self-instructional format provides health occupations education instructors the opportunity to address the needs of students whose health career interest is outside the nursing field. Following completion of the Health Care Assistant Core Competencies, a student interested in pursuing a career as an activity director can achieve specific competencies through this curriculum. Successful completion prepares the student for an entry-level position in an activity program and a solid knowledge and skill base to continue education in a long-term care facility.

The *Activity Director in a Long-Term Care Facility* curriculum is primarily designed to be used independently by students who are in secondary health occupations programs or by individuals receiving on-the-job training in a long-term care facility. Instructors should set up parameters for the individualized instruction, oversee the knowledge component of instruction (including the Written Unit Evaluations), and identify a clinical site and a clinical supervisor. The clinical supervisor should be responsible for supervising the student while at the clinical site, providing skill training, and evaluating mastery of skills.

Since mastery of the information and skills will be evaluated using the Written Unit Evaluations (pink), it is recommended that these pages be removed before the manual is given to the student. These pages are located together at the end of the manual.

An Activity Director Competency Record Sheet and an Activity Director Certificate of Achievement have also been included at the end of this manual. These could be removed and filed with the evaluation instruments.

The student manual is divided into seven units: Introduction to Activity Director in a Long-Term Care Facility, Psychosocial Needs of Adults, Communication Skills, Assessment and Evaluation, Programming, and Management. Units are further divided into lessons, which contain lesson objectives, key terms, content information, illustrations, and activity sheets as appropriate for the content. Activity Sheets are designed to assist the learner in mastering the information in each lesson. They also contain clinical/laboratory activities. Instructors/supervisors should review or discuss these activities with students. The Activity Sheets may or may not be graded depending on individual student needs and the instructor's preference. Due to the nature of the clinic/laboratory activities, the student's performance should be evaluated for activities that involve competencies, such as "assess the leisure lifestyle of others."

Each unit has a written evaluation, which should be administered after all lessons in the unit are studied. A score of 80 percent is needed to show mastery of information in the unit.

A Unit Checklist, located at the end of each unit, provides a method for keeping track of Activity Sheets and Written Unit Evaluations to be completed in the unit.

In addition to being utilized in the secondary health occupations program to prepare activity directors, the *Activity Director in a Long-Term Care Facility* curriculum could be used in other ways as well:

*Health occupations education instructors may choose some units of instruction as an adjunct to teaching career opportunities in long-term care facilities or activity professions.

*Long-term care facilities may use the curriculum in training activity directors. It is recommended that individuals in these settings be certified nurse assistants or take the *Health Care Assistant Core* curriculum before beginning the *Activity Director* curriculum.

*Adult day care programs may use all or part of the material in training activity personnel.

Additional resources for instructors:

Rise up with Rosie, Joyfulness in Motion (30 min.) is an exercise video that shows residents and instructors how to do an exercise program for seniors. This tape can be purchased through 1993 Golden Rose Productions, Peter Pan Industries/parade video, 88 Saint Francis Street, Newark, NJ 07105.

Into Aging: Understanding Issues Affecting the Later Stages of Life, Therese L. Hoffman, RN, BSN, MSN, and Susan Dempsey-Lyle, RN, BSN, MSN. This simulation game gives players insight to the daily living of the elderly. Players encounter physical disabilities, social judgements, financial setbacks, and the loss of loved ones. The game can be played by five or more persons at a time. It can be ordered by contacting SLACK Incorporated, 6900 Grove Rd., Thorofare, NJ 08086-9447; telephone 1-609-848-1000; fax 1-609-853-5991; http://www.slackinc.com/wwwslack.htm

Older Adulthood, Learning Activities for Understanding Aging by Stephen Fried, Ph.D., Dorothy Van Booven, and Cindy MacQuarrie. Can be ordered through Health Professionals Press, by phone 410-337-9585. This textbook supplement has more than 40 active learning activities and short chapter quizzes.

Old Like Me (28 min.) is a video based on the experience of Patricia Moore. While in her 20s, Moore dressed as an old woman and visited 116 cities learning first hand the challenges faced by the old and how the old are treated. This video and several videos and films on aging, aged, and long-term care facilities are available for rental from the Academic Support Center's Media Rental Library at the University of Missouri-Columbia, 505 E. Stewart Rd., Columbia, MO 65211-2040; telephone 573-882-3601; http://www.missouri.edu/~ascwww; e-mail asc@muccmail.missouri.edu. Catalog and ordering information is available on the center's web page.

Answers to Activity Sheets and Written Evaluations

NOTE: Answers are not provided for Clinical/Laboratory Activities. Review or discuss these activities with students.

Unit I: Introduction to Activity Director in a Long-Term Care Facility

Lesson 1: Quality of Life and Leisure - Activity Sheet

1. A person's quality of life is derived from several factors, including possessions, the environment, personal choices, routines, relationships, etc. Quality of life is different for every individual. For many residents living in long-term care facilities quality of life is affected by having caring staff, being able to make choices and control their lives, maintaining normal routines, and being involved in stimulating, creative, and meaningful activity. Leisure is time free from work or other obligations such as work-related responsibilities including travel, study, or social involvement based on work. Its most important characteristic is that it lacks a sense of obligation or compulsion and can be considered time which is free for one to do what one chooses. Activity is the event or action enjoyed during leisure time.

2. a. Physical well-being
   b. Interpersonal relations
   c. Personal development
   d. Recreational activities
   e. Spiritual and transcendental activities

3. a. Creation of laborsaving devices for household maintenance and other essential duties
   b. Differences in attitudes toward pleasure
   c. Increase in education levels
   d. Lack of physical fatigue
   e. Increase in discretionary income

4. Culture is the values, beliefs, customs, and art of a specific social group. Work ethic is a belief in work as a moral good.

5. Answer should include three of the following physical benefits:
   a. Cardiovascular and pulmonary improvement
   b. Reduced insomnia
   c. Improved muscle tone
   d. Stronger bones
   e. Stress reduction.

6. Answer should include three of the following mental benefits:
   a. If residents in a long-term care facility are not given the opportunity to continue to learn, they could lose that capacity.
   b. Active people who continue their intellectual interests as they grow older will maintain, or even increase, cognitive functioning.

c. Improving mental capacities foster socialization, interaction, and communication among the residents and help them to be a vital part of a facility.
d. Learning something new or having a new skill will give residents an opportunity to share interests with other residents, friends, or family.

7. Answer should include three of the following spiritual benefits:
   a. Religious activities may provide residents with the opportunity to review life and prepare for death.
   b. Organized church services, meditation, day dreaming, or nature may provide an opportunity for spiritual exploration or soul searching.
   c. Residents have the opportunity to relax, reduce stress, and increase self-esteem.
   d. Activity challenges the person to develop new or higher skills.
   e. Residents become so deeply involved that they lose track of time and do not think about their problems.

Lesson 2: Roles of the Activity Director - Activity Sheet

1. a. Florence Nightingale;
   b. The American Red Cross;
   c. Veterans' hospitals
   d. World War I and World War II
   e. Military hospitals

2. Answer may include five of the following:
   a. Administrative role
   b. Resident care role
   c. Facilitating resident council
   d. Newsletter editor
   e. Special events coordinator
   f. Public relations
   g. Community outings organizer
   h. Volunteer coordinator
   i. Supervisor

3. a. Senior center
   b. Adult day care
   c. Long-term care facility

4. The activity director should be aware of what staff in other departments think of the activity program. Also he or she must be aware of the services that other staff members provide the residents. The activity program's success is dependent on staff in other departments; activity staff must foster a good relationship with other facility staff.

5. The biggest barrier that the activity professional must overcome is the label of the "fun and games person." Many staff members see the activities director as the person who provides fun and games for the resident and fail to see the professional staff person.

6. One

7. Answer should include three of the following:
   a. Don't do everything yourself. Delegate.
   b. Take up a hobby.
   c. Leave problems on the job at work.
   d. Maintain a healthy lifestyle.
   e. Become a member of a professional organization.
   f. Network with others in the field.
   g. Enroll in college classes related to activities.
   h. Attend workshops and conferences.

8. Answer should include two of the following:
   a. Networking with other activity directors
   b. Sharing ideas and resources other activity directors
   c. Receiving support from other activity directors
   d. Continuing education opportunities
   e. Becoming a certified by a professional activity organization
   f. Enhancing respect from co-workers
   g. Receiving publications with helpful information

Lesson 3: Regulations and Philosophy of Care - Activity Sheet

1. The Social Security Act of 1935 lessened the financial burden of local government to care for the aged. The main purpose of this act was to provide federal old-age assistance to the elderly who lived at home or with others. Homeowners were compensated for opening their homes to the elderly, but a high level of care was still not a concern.

2. As various state, local, and voluntary groups increased the efforts for regulation, change slowly began and improved steadily. Current philosophy of long-term care includes meeting more than just the physical needs of residents. Long-term care facilities must now consider factors that contribute to residents quality of life.

3. Answer should include three of the following:
   a. Introduce animals, plants, and children into the facility.
   b. Get rid of the sterile environment and smells of disinfectant.
   c. Make the facility and resident rooms like home.
   d. Encourage residents to add personal touches to their rooms. Hang family pictures or other pictures from their past on the walls.
   e. Display knickknacks made by grandchildren.
   f. Hang pictures that stimulate discussion.
   g. Make the local newspaper accessible.
   h. Empower residents to make decisions such as meal planning, creating or changing facility policy and procedures through the resident council, and being involved in their own individual care plan.
   i. Offer a variety of exercise programs, sports, and games to meet residents' physical needs.
   j. Offer activities that stimulate intellectual growth.
   k. Provide a safe and secure environment for residents.

4. The Health Care Financing Administration (HCFA) recommended changes to federal requirements based on a study of long-term care facilities that found more than one-third of the facilities provided substandard care.

5. The Omnibus Budget Reconciliation Act (OBRA) is the first law to mandate criteria for quality care in long-term care facilities. Changed the emphasis of federal policy from the quality of nursing care to realizing that the quality of every aspect of the resident's life. Emphasized how long-term care staff must provide personal respect, a homelike environment, and care for each individual. Changed the work of activity and social service professionals. These regulations are guidelines that the activity director should follow. The goal of OBRA was for long-term care facilities to provide an environment where each resident could achieve and maintain the highest level of physical, mental, and psychosocial well-being. Empowered residents to make choices regarding meals, desired activities, and room decorations. Provided formal grievance procedures and resident councils to address resident concerns and complaints that must be addressed by a facility's administration. All long-term care facilities in the United States that are federally certified to receive funding from Medicare must comply with OBRA.

6. Answer should include three of the following:
   a. Mandated that long-term care facilities must provide an environment where each resident can achieve and maintain the highest level of physical, mental, and psychosocial well-being.
   b. Long-term care staff must provide personal respect, a homelike environment, and care for each individual.
   c. Provided activity and social service professionals with regulations and guidelines to follow.
   d. Empowered residents to make choices regarding meals, desired activities, and room decorations.
   e. Provided formal grievance procedures and resident councils to address resident concerns and complaints that must be addressed the facility's administration.

7. The Occupational Safety and Health Administration (OSHA) establishes guidelines that protect all American workers from injury or illness at the work site.

8. Answer should include three of the following:
   a. Handling, storing, managing, and disposing of hazardous materials (cleaning chemicals, oxygen, craft supplies or materials)
   b. Handling, managing, and disposing of regulated waste and materials contaminated with pathogens
   c. Electrical safety and hazard prevention
   d. Walking and working surfaces (wet floors)
   e. Back injury prevention and other ergonomic issues (resident lifting)
   f. Fire prevention and protection and disaster preparedness and response
   g. Workplace violence prevention (avoiding injuries from residents or their families)
   h. Reporting unsafe conditions
   i. Infection control precautions
   j. Material Safety Data Sheets (MSDS) and other resources for information about chemicals

9. a. The Division of Aging's institutional services program is responsible for ensuring the safety, health, welfare, and rights of persons residing in long-term care facilities.
   b. The Division of Aging conducts licensure inspections, monitors the quality of care, conducts utilization reviews and complaint investigations, and initiates legal actions when facilities are found to be in non-compliance with state or federal regulations.
   c. The Division of Aging investigates elderly abuse, neglect, and exploitation cases.

10. Answer should include three of the following:
   a. (100) A facility employee will be designated as responsible for the activity program. The designated person will be capable of identifying activity needs of residents, designing and implementing programs to maintain or increase, or both, the resident's capability in activities of daily living and activity programs will be provided on a regular basis. Each resident shall have a planned activity program which includes individualized activities, group activities and activities outside the facility as appropriate to his or her needs and interest.
   b. (101) Adequate space and equipment for the identified activity needs of residents will be provided and used by and within the facility.
   c. (102) The facility will establish and maintain a program for informing all residents in advance of what activities are available, where the activity will be held and at what time the activity will be held.
   d. (103) Documentation of any changes in activity participation will be noted in the resident's record and a summary notation will be made semiannually of activity participation.

11. Answer should include four of the following:
   a. The activity program should provide stimulation or solace; promote physical, cognitive and/or emotional health; enhance, to the extent practicable, each resident's physical and mental status; and promote each resident's self-respect by providing, for example, activities that support self-expression and choice.
   b. Activities should be able to occur at any time and are not limited to formal activities being provided by activity staff.
   c. Are residents who are confined or choose to remain in their rooms provided with in-room activities in keeping with life-long interests (e.g., music, reading, visits with individuals who share their interests or reasonable attempts to connect the resident with such individuals) and in-room projects they can work on independently?
   d. Do any facility staff members assist the resident with activities he or she can pursue independently?
   e. If residents sit for long periods of time with no apparently meaningful activities, is the cause resident choice, failure of any staff or volunteers either to inform residents when activities are occurring or to encourage resident involvement in activities, lack of assistance with ambulation; lack of sufficient supplies and/or staff to facilitate attendance and participation in the activity program, program design that fails to reflect the interests or ability levels of residents, such as activities that are too complex?
   f. For residents selected for a comprehensive review, or a focused review, as appropriate, determine to what extent the activities reflect the individual resident's assessment.
   g. Review the activity calendar for the month prior to the survey to determine if the formal activity program reflects the schedules, choices, and rights of the residents;

offers activities at hours convenient to the residents; reflects the cultural and religious interests of the resident population, and; would appeal to both men and women and all age groups living in the facility.

h. Review clinical records and activity attendance records of residents receiving a comprehensive review, or a focused review, as appropriate, to determine if activities reflect individual resident history indicated by the comprehensive assessment; care plans address activities that are appropriate for each resident based on the comprehensive assessment; activities occur as planned, and; outcomes/responses to activities interventions are identified in the progress notes of each resident.

12. The ombudsman program is a free and confidential service that protects the rights of residents in long-term care facilities. It is comprised of individuals whose main responsibility is to help residents in long-term care facilities maintain or improve their quality of life by ensuring their rights are not violated. It provides residents a way to solve problems and handle complaints. The Area Agencies on Aging (AAA) provide this service.

Unit I: Introduction to Activity Director in a Long-Term Care Facility - Written Unit Evaluation

1. c
2. a
3. d
4. b
5. d
6. b
7. c
8. a
9. d
10. b
11. c
12. a
13. c
14. b
15. c
16. d
17. b
18. d
19. c
20. b
21. d
22. a
23. d
24. b
25. a
26. b
27. c

Unit II: Psychosocial Needs of Adults

Lesson 1: Common Life Changes in Adulthood - Activity Sheet

1. a. Early adult - A person develops intimacy by connecting his or her identity with that of another person's. Many people begin families and careers in this first adult stage. Enjoying physical health and vigor at this stage of life is common.

   b. Middle age - A person seeks satisfaction through productivity in career, family, and civic interests. This is when adults become part of the aging population. It usually begins around age 40 although this depends on when people or those around them

perceive that they are middle-aged. Social transitions at home and on the job mark this stage.

c. Later maturity - This stage is considered to begin when a person is in their early 60s. Physical functions continue to decline and chronic illness becomes more common. Major social changes include retirement and the deaths of friends and relatives. These changes reduce a person's social circle and require a period of adjustment. Most people remain physically active in later maturity and enjoy their new freedom from responsibilities.

d. Old age - Extreme physical frailty is a characteristic of old age. Old age typically begins when a person is in their late 70s. Most people have greatly reduced activity during this stage. Mental processes slow down, and people spend time thinking of their past and trying to find meaning in their lives. A tendency in old age is to accept the world as it exists and to be less aggressive and competitive. The tasks that Erikson listed for the final life stage include reviewing life accomplishments, dealing with losses, and preparing for death.

2. Answer should include three of the following:
   a. Retirement
   b. Empty nest
   c. Widowed
   d. Long-term survivor
   e. New roles because of more free time

3. Answer may include three of the following:
   a. Income - may be reduced
   b. Car - may loose the ability to drive
   c. Health - declines
   d. Parents - may die
   e. Siblings - may die
   f. Children - may die
   g. Friends -may die
   h. Telephone - declining hearing may cause a problem with its use
   i. Neighborhood - does not offer support and security

4. Answer should include two factors for each of the following:

   Losses - Forced retirement
   Reduced income
   Loss of loved ones
   Perception that lives and dreams have faded
   Negative image of the aging process
   Decline in personal appearance
   Loss of home, familiar surroundings, and other prized possessions
   Loss of decision-making power with finances and daily activities
   Loss of driver's license
   Loss of control over room temperature, meal schedules, and TV channels
   Loss of privacy (unlocked doors, shared room, no way to avoid people)

Reduced human contacts (physical contact, social interaction)
Reduced beauty in surroundings
Decreased individual identity

Loneliness -
Lack of human contact
Lack of supportive relationships

Helplessness -
Fear of abandonment
Fear of surviving alone in a threatening, hostile world
Fear of being isolated and unable to obtain emotional warmth and support
Fear for personal safety
Frustration and anger from being unable change their condition
Feeling stuck in a current situation because of health or income restrictions
Being unable to replace lost roles and relationships
Feeling useless from being unable to care for self

Boredom -
Being isolated because of fear of the dangers beyond their homes
Having only limited involvement with religion, hobbies, pets, television, and other interests
Lacking pleasant interaction, variety, or spontaneity in one's life.

5. Answer should include two factors for each of the following:

Losses - Maintaining contact with friends and relatives is very important.
Developing new relationships may eventually help residents deal with losing their loved ones.
Participating in activities that maintain past lifestyles is important for residents.
Making residents' rooms and environment as homelike as possible may help them to deal with the loss of home. Encourage residents to bring furniture and decorations from home.
Creating a friendly atmosphere will also help residents feel more comfortable.
Promote entertaining and socializing events.
Learning new skills and information and developing new, meaningful social roles may help residents cope with loss. Offer experiences that give residents a sense of worth.
Remembering and celebrating past successes may help residents. Audio or video tape residents' personal histories. This will give thema way to communicate, a social connection, and help them to celebrate their past.
Allowing residents time to grieve their losses is also essential.
Providing grooming and glamorizing services will help residents look their best.
Always respect resident's privacy. Knock and announce yourself before entering their rooms.

Loneliness -

Continuing residents' contacts with friends and relatives from the community and encouraging visits as often as possible.

Receiving attention from the activity staff.

Bringing life from visitors, pets, and plants to the rooms of room-bound residents may help relieve loneliness. Helping residents to make social connections. Make their rooms inviting to enter and post enough information about the them to inspire conversation.

Having contact with children through family visits or partnerships with area schools and preschools.

Having contact with facility pets may also provide a sense of companionship.

Having contact with other residents. Help the residents get to know each other so that new friendships may develop.

Connecting to the world outside the facility through the Internet, radio, television, or community programs may help some residents.

Providing activities that give residents a sense of acceptance and self-worth may help residents with loneliness.

Helplessness -

Visiting other residents is a good way for residents to feel that they are being helpful.

Participating in a resident "grandparent" program with local school children may help some residents.

Caring for facility pets and plants is one way to feel helpful. Caring for living things may also allow residents to give and receive care and feel useful.

Being successful at learning or re-learning skills that are meaningful to residents may reduce feelings of helplessness. Meaningful work helps combat feelings of helplessness and making useful items helps a person feel productive.

Making choices reduces feelings of helplessness.

Allow residents to do as much for themselves as possible.

Boredom -

Allow time for spontaneous activities in the activity schedule.

Develop a more natural homelike environment can help reduce boredom.

Invite children to add variety and spontaneity to the facility for some residents.

Introduce animals into the facility to help some residents.

Add plants to enhance the facility environment and also cleanse the air.

Choose activities that replace boredom with exhilaration and pleasure and promote personal growth.

Have good conversation, either one-to-one or in a group.

Help residents to connect with nature.

Lesson 2: Resident Preferences and Needs - Activity Sheet

1. Culture - customs, prejudices, concepts, habits, skills, musical preferences, artistic expression, desire for control, social contact within a certain group.
   Gender - social contact; many men remarry for social intimacy while many women find satisfying companionship with friends and family

Age - medical reasons; feelings of inferiority; choose to withdraw; exclusion of older people by society; preoccupations with bodily functions, medications, or special diet; fear of falling or fear of humiliation; busy thinking about or discussing their ailments

2. He or she may be busy remembering, justifying their lives, or reliving the past.

3. Answer may include four of the following:
   a. Think and talk about losses
   b. Discuss end of life
   c. Life review
   d. Express feelings
   e. Private settings
   f. An outlet to vent feelings
   g. Assistance and support of a meaningful person

4. Answer may include three of the following:
   a. Offer activities that continue past interests.
   b. Offer activities that encourage growth.
   c. Educate or counsel resident about activity choices.
   d. Offer training for activities.
   e. Support and guide resident to activity of choice.
   f. Satisfy need for mental stimulation.
   g. Satisfy need for socialization.
   h. Offer activities that promote health.
   i. Offer residents the chance to lead activities.

5. Answer may include three of the following:
   a. Residents' need to preserve as much of their usual routine as possible - conflicts with staff's schedule
   b. Residents' need to look presentable - staff must allow extra time and advance notice to assist residents
   c. Residents' need to have breaks between activities - staff has to allow more time to stagger activities and provide more transport time
   d. Residents' need to have eye to eye communication - staff must sit or squat when speaking with people in wheelchairs
   e. Residents' need to have activities offered to them - staff must respect each resident's choice and not just take people to activities for large attendance
   f. Residents' need to remain as independent as possible and to be treated as adults - staff must allow resident time to do as much for themselves as possible but may feel a need to be needed that makes residents dependent on them

6. The answer should include five of the following:

   a. Problem behaviors may be symptoms of a problem that is beyond the resident's control. These symptoms are a warning signal, telling the staff that something is wrong.
   b. Problem behavior may be a method of communication, such as an action expressing distress or an unfulfilled need.

c. A resident may exhibit problem behavior if forced to attend an activity that he or she dislikes or views as childish. The person may openly ridicule the activity or be a quiet, indignant nonparticipant.
d. The environment can cause problem behavior. Adjustment to life in a long-term care facility includes the challenge of separation from family members, changes in routine and activity, and noisy surroundings, sharing a room with a stranger.
e. Losses, such as death of a close friend, can cause the resident to display problem behavior.
f. Residents may exhibit problem behavior because of what is happening in their interpersonal relationships. A resident may be upset by a family member's health, sexual difficulties, trouble with relatives, their roommates, or staff.
g. Problem behavior may be an attempt to get attention.
h. Acute and chronic illnesses can cause problem behavior.
i. Physical illness may cause demanding or dependent behavior. The resident may express resentment because he or she feels a lack of control. Demanding behavior may mean the resident wants to have more control of his or her life.
j. Medications, especially those for mental disorders, may cause changes in behavior.
k. Older people who exhibit problem behavior are usually those who have psychiatric diseases or demanding illnesses. A common cause of problem behavior is a cognitive disorder such as dementia, delirium, and depression.
l. Hearing and vision impairments can also contribute to a resident's hallucinations or to misunderstanding his or her environment.
m. Some individuals may just have difficult personalities.

Lesson 3: Common Mental Disorders - Activity Sheet

1. A mental disorder is an interference with normal functions of the mind.

2. Normal depression is a mood disturbance that causes a person to feel unhappy, sorrowful, "blue," or low-spirited as a result of a personal loss or tragedy. Grief, deep-seated guilt, and loss may also prompt symptoms of depression. Abnormal depression is an emotional state that causes exaggerated feelings of sadness, melancholy, dejection, worthlessness, emptiness, and hopelessness that are not related to the resident's situation.

3. Answer should include five of the following symptoms:
   a. Recurring thoughts of death and suicide
   b. Attempting suicide
   c. Refusing to eat or eating too much
   d. Sleeplessness or sleeping too much
   e. Lack of energy
   f. Feeling worthless
   g. Aggression
   h. Avoiding social contact
   i. Refusing assistance, even when needed
   j. Not concerned about appearance
   k. Not concerned about surroundings
   l. Memory problems
   m. Lack of concentration or attention

n. Appearing unhappy or inhibited
o. Making pessimistic statements
p. Feeling unable to do anything

4. Answer should include three of the following:
   a. Tell the medical staff.
   b. Interact positively with the resident.
   c. Recognize what the resident does well.
   d. Listen to the resident and offer realistic hope for the future.
   e. Be alert for suicidal feelings or appeals.
   f. Do not appear to be too cheerful around a depressed resident.
   g. Expect the resident to do what he or she can to take care of his or her physical needs.

5. Delirium is a temporary, reversible change in brain cell function.

6. Answer should include three of the following symptoms:
   a. Appearing unwell
   b. Ranges of consciousness from drowsiness, to a stupor, to a coma
   c. Delusions or hallucinations
   d. Behavior ranges from agitation to sluggishness
   e. Disorganized thinking
   f. Inability to reason
   g. Short attention span
   h. Unable to focus on past events (hindered long-term memory)
   i. Difficulty grasping new information (reduced short term memory)
   j. Exhaustion
   k. Disoriented about time and place
   l. Lack of feelings or emotions
   m. Sensation of well-being
   n. Anxiety or paranoia
   o. Irritability or anger
   p. Depression

7. Medical help

8. Dementia is a chronic mental disorder, mostly found in the elderly, that makes it hard for a resident to remember thoughts and adjust to situations and surroundings. It progresses slowly and leads to death after several years.

9. Answer should include five of the following symptoms:
   a. Declining mental functions and personality
   b. Disturbed memory and insight
   c. Disrupted mental powers, abstract thinking, and judgment
   d. Personality changes
   e. Irritability
   f. Anxiety
   g. Reduced participation in social activities
   h. Confusion about people, places, and time
   i. Visual hallucinations

10. Answer should include four of the following:
    a. Medical analysis to determine if the disorder is reversible
    b. Regular medical attention
    c. Protection from physical injury
    d. Avoidance of abrupt changes and crowds
    e. Positive reinforcement
    f. Appropriate humor
    g. Regular social interaction

11. Alzheimer's disease is an irreversible dementia that is chronic and progressive. This disease is identified by specific changes in the brain. Symptoms may seem like depression or delirium. Alzheimer's disease is difficult to diagnose with certainty without an autopsy.

12. Answer should include five of the following:
    a. Memory loss
    b. Disorientation to time
    c. Lack of spontaneity
    d. Wandering
    e. Act agitated or confused
    f. Aphasia or impaired language
    g. Use repetitive movements
    h. Eat much more than normal or be disinterested in food
    i. Only show emotion with outbursts of temper
    j. Be unable to control their bladder or bowels
    k. Appear thin, worn, and wasted
    l. Be unable to communicate
    m. Have seizures

13. Answer should include three of the following:
    a. Offer a predictable pattern of activity.
    b. Adjust anything the resident finds uncomfortable.
    c. Check clothes, temperature, location, and noise level.
    d. Know the resident's preferences.
    e. Offer reassurance and friendly conversation.
    f. Validation therapy

14. A chronic mental illness is a problem that can be long-lasting, recurring, or constant. Mental illness involves a resident's thoughts, feelings, and behaviors. A resident with chronic mental illness may act inappropriately, irrationally, or unrealistically.

15. Answer should include three of the following symptoms:
    a. Acting inappropriately, irrationally, or unrealistically
    b. Not knowing who or where they are
    c. Becoming extremely anxious when doing certain things
    d. Being fearful, apathetic, or withdrawn
    e. Becoming violent

16. Answer should include three of the following:
    a. Proper medication
    b. Careful monitoring
    c. Hospitalization for adjustments to medication
    d. Give reality feedback without disagreeing. Listen with acceptance as the resident talks about the confusion or fear caused by the experience.
    e. Be consistent and firm about ground rules.
    f. Help the resident to become active and feel useful again.
    g. Offer support, encouragement, and training.
    h. Keep resident involved in group or individual activities.
    i. Help the resident refocus if he or she becomes confused during a task.
    j. Help each resident discover his or her interests.
    k. Find out what the resident did successfully in the past and encourage positive activities.
    l. Assist residents with community involvements as they desire.

17. Substance abuse is the overindulgence or dependence on a stimulant, depressant, or other chemical substance, leading to effects that are detrimental to the individual's health or to the welfare of others.

18. a. Over-the-counter drugs
    b. Alcohol
    c. Prescribed medications

19. Answer should include six of the following symptoms:
    a. Confusion
    b. Forgetfulness
    c. Falls
    d. Old or new injuries
    e. Loss of appetite
    f. Malnutrition
    g. Sleep disturbances
    h. Increased isolation
    i. Anxiety
    j. Depression
    k. Poor hygiene or upkeep of surroundings
    l. Staying in one spot, often near a TV or telephone
    m. Family conflict
    n. Dementia

20. Answer should include two of the following symptoms:
    a. Shakiness
    b. Sleep disturbances
    c. Muscle aches
    d. Agitation
    e. Nausea
    f. Anxiety
    g. Depression
    h. Delirium tremens

i. Sweating
j. Low- or high-grade fever
k. Grand mal convulsions
l. Hallucinations
m. Confusion
n. Disorientation
o. Gross and irregular tremors

21. Answer should include three of the following:
    a. Medical supervision or hospitalization
    b. Partnership with another person to help an older person reduce or eliminate alcohol or other drug problems
    c. Explore healthier options with the resident.
    d. Offer an activity program that includes physical fitness, social skills, leisure education, and relaxation.

Unit II: Psychosocial Needs of Adults - Written Unit Evaluation

1. c
2. a
3. b
4. c
5. b
6. c
7. b
8. c
9. a
10. b
11. d
12. a
13. d
14. b
15. c
16. a
17. d
18. b
19. b
20. a
21. c
22. d
23. c
24. b
25. c
26. d
27. d
28. b
29. a
30. c
31. c
32. a
33. d
34. b

Unit III: Interpersonal Communication Skills

Lesson 1: Communication Skills - Activity Sheet

1. Answer should include three of the following:
    a. Speak different languages
    b. Hearing impairment
    c. Vision impairment
    d. Aphasia
    e. Generational differences

2. A communication board is a device that displays pictures that show various activities provided in the long-term care facility. Items on the communication board can be labeled in both English and the person's native language.

3. a. Stand or sit in front of the residents when talking to them.
   b. Place residents who have impaired hearing in the front of the room or in front of the speaker during an activity so they can read the speakers lips.
   c. Pair residents with a volunteer or resident to help them during the activity.
   d. Provide the resident with a written description of the activity.

4. a. Broca's aphasia results from damage to the front portion of the language-dominant side of the brain.
   b. Wernicke's aphasia results from damage to the back portion of the language-dominant side of the brain.
   c. Global aphasia results from damage to a large portion of the language dominant side of the brain.

5. Answer should include three of the following:
   a. Learn to be patient.
   b. Talk slowly and in a clear voice.
   c. Allow time for comprehension.
   d. Use short sentences.
   e. Be concrete and direct.
   f. Use visual cues and gestures that match your words.
   g. Touch to emphasize meaning or to show a message is coming.
   h. Use a communication board.
   i. Encourage resident to act out the meaning.
   j. Play 20 questions.

6. Answer should include five of the following:
   a. Work-based activities have more meaning to the aged than leisure-based activities, except on special occasions when leisure is viewed as an escape from work.
   b. Religious activities are acceptable and often desirable for the elderly.
   c. Gender differences should be respected in activity programming, both with respect to same sex and coed-type activities.
   d. Patriotic activities are welcomed by the elderly.
   e. Silence and non-activity or unplanned time are necessary and may be perceived as an activity itself.
   f. Activities that are clock-bound may be resisted by the elderly as intrusion into their self-directed approaches to living.
   g. Food-centered activities are desirable because of the special meaning of food as scarce and a basis for survival.
   h. Tradition, ritual, and ceremony are generally more appreciated by the elderly than novelty and innovation.
   i. Cooperation and compliance with planned activities do not automatically mean enjoyment or satisfaction. Residents may be showing respect for authority.
   j. Family-based and inter-generational activities are highly valued by the aged.

7. For some residents, this may be the only form of communication they can offer. Understanding nonverbal cues will help with activities. The activity director must learn to understand not only the body language of the residents but also his or her own body language and nonverbal cues.

8. Active listening means to concentrate on a person's words and nonverbal cues to organize what he or she is saying while ignoring all distractions.

9. Answer should include four of the following:
   a. Use nonverbal cues.
   b. Use eye contact.
   c. Speak to residents at their level.
   d. Use active listening.
   e. Clarify the message.
   f. Take more time.
   g. Use appropriate communication.

10. When the communication techniques are prescribed in the resident's care plan and the activity director is trained to use these types of therapies

11. Reality orientation is a technique in which the resident is reminded of who and where he or she is and when it is.

Unit III: Interpersonal Communication Skills - Written Unit Evaluation

1. b
2. d
3. c
4. a
5. d
6. a
7. c
8. b
9. a
10. b

Unit IV: Assessment and Evaluation

Lesson 1: Leisure Assessment - Activity Sheet

1. Assessment is the process of discovering an individual's identity, strengths, and needs.

2. The information gained from assessments forms the basis for the activity program and the resident care plans.

3. Upon admission to the facility, when the first information about a new resident is received.

4. a. Resident functioning
   b. Distinct resident characteristics
   c. Comparisons of past and present lifestyle patterns

5. Answer should include three of the following:
   a. Activity checklists
   b. Leisure interest inventories
   c. Questionnaires
   d. Standard assessment tools

Lesson 2: Resident Assessment - Activity Sheet

1. MDS - Minimum Data Sheet
   OBRA - Omnibus Budget Reconciliation Act
   RAI - Resident Assessment Instrument
   RAPs - Resident Assessment Protocols

2. To determine the minimum information needed to begin a comprehensive assessment; it takes a holistic view of individual residents and helps identify how resident's strengths and needs in one area affect other areas of their lives.

3. Section N. Activity Pursuit Patterns

4. The Resident Assessment Protocols (RAPs) consist of "triggers" and related guidelines that are linked to one or more particular MDS items. Triggers are red flags that identify actual or potential problems. The guidelines provide a framework for in-depth assessment of a specific problem areas. Together, the MDS and the RAPs from the basis for developing a resident care plan.

Lesson 3: Documentation - Activity Sheet

1. A goal is a statement of intent; an objective is a step necessary to reach each goal.

2. Answer should include three of the following:
   a. To provide a sound basis for the selection or design of activities and interventions
   b. To create a basis for determining when the purpose of the instruction or treatment is accomplished
   c. To give the resident the means to organize his or her efforts toward accomplishing the task
   d. To comply with state and federal regulations

3. a. Increase positive behavior.
   b. Try a smaller goal.

4. a. Not noticing the small steps that a resident is taking toward improvement.
   b. Doing too much for the residents. Provide opportunities for them to try activities on their own.
   c. Only noticing a resident's problems. Focus should be on strengths.

5. a. Condition
   b. Behavior
   c. Criteria

6. Any example that puts the person before the disability, such as saying "a person with a visual impairment" or "a person who is blind" rather than "the blind person."

7. a. Permanent
   b. Legible
   c. Timely
   d. Accurate
   e. Authentic

8. A progress note is a periodic review of the resident's current functioning and needs. It is a record of observations, a measure of performance, and a review of activity preferences of residents based on care plan goals. Progress notes offer a summary of participation in activities as specified in care plan goals and objectives.

9. Monitor activity services and review the progress notes and care plans of all the residents. Comparing the progress notes to the care plans will determine the adequacy of the activity program in meeting the needs and interests of the residents.

Unit IV: Assessment and Evaluation - Written Unit Evaluation

1. b	8. a	15. b
2. d	9. d	16. a
3. c	10. c	17. c
4. d	11. b	18. b
5. c	12. b	19. c
6. c	13. c	
7. d	14. a	

Unit V: Programming

Lesson 1: Benefits of Activities - Activity Sheet

1. A therapeutic activity has social, emotional, physical, cognitive, or sensory benefits for residents. Diversional activities are for fun or entertainment.

2. Cognitive - identify numbers and letters
   Physical - fine motor skills
   Social - interacting with other people
   Sensory - new environment
   Emotional - winning prize

3. Cognitive - learning a new skill, improving memory, decision making, creative expression
   Physical - fine motor skills, hand-eye coordination, increased circulation from being active, exercise of making the craft
   Social - being with others, making a gift for a friend or relative
   Sensory - can involve all the senses, touch, sight, smell, hearing, and taste
   Emotional - feeling of accomplishment, increased self-esteem, having something to anticipate

4. Answer should include three of the following:
   a. Ask if the activity fits the interests, attitudes and personality of the age group.
   b. Ask if the activity is appropriate to the needs, interests, and abilities of the individual.
   c. Ask if someone the same age who is not living in a long-term care facility would like it.
   d. Ask what age group is likely to enjoy the activity.
   e. Ask if the activity is silly or meaningless to the age group.
   f. Ask if the activity is properly challenging.

5. Music is a powerful way to stimulate memories and increase socialization. Music may reveal residents' talents.

6. a. Choice
   b. Timing
   c. Volume

Lesson 2: Activity Planning - Activity Sheet

1. a. Offer a variety of activities.
   b. Plan activities that meet a wide range of individual needs.
   c. Offer activities the residents want.
   d. Carefully schedule activities.
   e. Encourage interaction and interest with creative scheduling.
   f. Promote interest throughout the facility.
   g. Keep residents aware of the time of year.
   h. Give plenty of notice for upcoming events.
   i. Be willing to try a new activity even if "it has never been done that way before."

2. a. Space
   b. Cost
   c. Help
   d. Supplies
   e. Time

3. Answer should include five of the following:
   a. Consider accessibility and security when determining supply storage space.
   b. Consider the environment of outdoor activities.
   c. Take precautions to avoid the spread of infection.
   d. Be prepared for emergencies.
   e. Evaluate the furnishings of the activity room.
   f. Supervise activities involving dangerous equipment or supplies.
   g. Know individual care plans and assessments.

4. a. Choose an activity, time, and location at least two weeks in advance.
   b. Recruit help.
   c. Publicize the activity.
   d. List materials needed and quantity of each.
   e. List steps to follow during the activity.

f. Order or purchase materials.
g. Gather all the supplies and equipment, and test the equipment in the location of the activity.
h. Confirm schedule of outside help several days in advance and the day of the program.

5. Answer may include two of the following games:

Bowling
Basketball
Dart baseball
Horseshoes
Shuffleboard
Billiards
Bingo
Bridge
Cards
Checkers
Chess
Computer games
Connect Four
Crossword puzzles
Dominoes
Word games
Jigsaw puzzles

Answer may include two of the following sports activities:
Host youth sports team practices at the facility
Attend a major league ball game
Super bowl party
Senior Olympics with another facility
Walking group
Dart baseball
Frisbee toss
Golf
Beach ball volleyball
Yoga or exercise groups

Answer may include two of the following crafts:
Jewelry
Flower arranging
Stencil greeting cards and stationary
Sea shell art
Decorate a balloon
Seasonal decorations
Quilting
Sewing
Leather work
Woodwork
Wheel chair repairs
Small-appliance repairs
Recycling crafts

Answer may include two of the following entertainment:
Books and newspapers
Fashion show
Wig show
Play or concert
Sing-alongs

Local pageant queen talent
Gymnasts (floor exercise and tumbling)
Square dancing club
Rent a video
Family travel slides or videos
TV programs (*Wall Street Week in Review*)
Computer e-mail and discussion groups
Coffee or cocktail hours
Birthday parties
Trips outside the facility
Answer may include two of the following religious:
Regular worship for different religious beliefs
Formal religious services
Bible reading and study
Religious and holiday discussions
Memorial services for residents who pass away

Answer may include two of the following arts:
Resident performances
Poetry group (reading, writing)
Ideals magazine
Creative writing workshop
Choir or vocal music group
Resident musical recitals
Piano recitals by students of local music teachers
Dancing
Concerts and plays
Paint a hallway mural
Watercolor
Clay sculpting

Answer may include two of the following education:
Local and facility libraries
Large-print reading materials
Audio books
Adult education programs (painting, computers, dancing, typing)
Lectures and discussions by community members
Trips to museums
Internet searches

Answer may include two of the following activities that promote sensory stimulation:
Flowers
Fresh baked goods
Bird watching
Caring for pet birds
Baking groups
Gardening
Arranging flowers
Nature walks

Answer may include two of the following activities that promote reminiscence:
BiFolkal® kit
Holiday celebrations
Host a tea
Discussion groups (choose topic in advance)
Discuss favorite memories and accomplishments
Antique car show
Quilt-making or a quilt show
"90-years-and-over-club"
Sensory stimulation through arts and crafts
Gardening
Magazine photo collages
Storytelling
Tape memories to create oral biographies
Personal life history books, local history books
Personal mementos
Old photos, postcards, slides, videos, film
Museum objects, ration books, clothing, furniture
Comics, sporting equipment, games
Music, old records
Television and radio programs
Food packaging, recipe books
Genealogy searches

Answer may include two of the following activities that involve food:
Popcorn and refreshments during performances
Baking group
Special holiday foods
Invented celebrations (international meals, harvest or seasonal events)
Dining out group (residents choose restaurants - refresh restaurant skills)
Supper club monthly (special menu in a room away from the normal dining area for residents unable to eat in restaurants)
Adapted kitchen for resident use (low sinks, radar ovens, kitchen aids)
Meal planning
Grocery shopping
Thanksgiving Dinner (residents can invite family or friends)
Vegetable garden
Cook-outs and picnics

Answer may include two of the following community service activities:
Fund-raising events for charities
Host trick-or-treating
Host and judge a pumpkin carving contest
Adopt-a-Grandparent program

6. Answer should include four of the following:
   a. Chamber of Commerce
   b. Telephone book yellow pages
   c. Public library

d. Churches
e. Schools, colleges, and universities
f. Businesses
g. Clubs and societies
h. Missouri Department of Conservation

Lesson 3: Leading and Adapting Activities - Activity Sheet

1. Answer should include two of the following:
   a. Sound systems
   b. Seating
   c. Hospitality committee
   d. Greet and acknowledge each person

2. a. Set up the room.
   b. Gather the residents.
   c. Position the group so all can see and hear.
   d. Greet everyone.
   e. Carry out the activity.
   f. Remind residents of upcoming activities.
   g. Clean up.
   h. Send thank-you letters.

3. Answer may include three of the following:
   a. Adapt equipment.
   b. Make program modifications.
   c. Modify rules.
   d. Modify sight and sound for those with sight or hearing impairments.
   e. Provide assistance.

Unit V: Programming - Written Unit Evaluation

1. c
2. b
3. d
4. b
5. c
6. d
7. a
8. d
9. c
10. a
11. d
12. c
13. b
14. c
15. b
16. d
17. a
18. c
19. l
20. h
21. j
22. a
23. f
24. k
25. b
26. g
27. i
28. c
29. d

Unit VI: Management

Lesson 1: Program Philosophy - Activity Sheet

1. The answer should include three of the following:
   a. The mission statement of the facility.
   b. The type and nature of the facility
   c. The resident population
   d. The philosophy of the activity staff
   e. The activity department's current goals
   f. The activity department's long-range goals

2. Answer may include five of the following:
   a. Dignity
   b. Love
   c. Choice
   d. Quality of life
   e. Well-being
   f. Opportunities
   g. Self-worth
   h. Quality of care
   i. Enjoyment
   j. Variety
   k. Relationships
   l. Leisure
   m. Recreation

3. A comprehensive program of activities is a major service offered at a long-term care facility and as such should be organized and structured to complement the goals of the facility.

Lesson 2: Teams and Leadership Style - Activity Sheet

1. Answer may include four of the following:
   a. Workload is distributed fairly.
   b. Challenges to team leader authority are handled effectively.
   c. Dominating or critical team members are controlled.
   d. Poor performance is confronted and resolved.
   e. Each member's performance affects morale.
   f. The effort of each member is recognized and understood.
   g. Cross-training is provided.

2. The activity director is involved with many teams. The administrative responsibilities and resident care duties require the activity director to interact with all of the other disciplines. Activities involve a cooperative effort of many other staff members.

3. a. Democratic - all members of a group are involved in making decisions.
   b. Autocratic - the leader makes all decisions without input from others.
   c. Laissez-faire - the leader avoids deliberate direction and just lets things happen.

4. Democratic

5. An appropriate time to use a hands-off approach is when another activity staff member is leading a group or activity and does not require assistance.

6. Autocratic style may help an isolated resident to learn to cope with the new environment. The new resident often needs a steady, caring, authoritative leader to influence his or her participation in activities.

7. Assertive communication allows a person to express thoughts, feelings, and beliefs in direct, honest, and appropriate ways that do not violate another person's rights or threaten or punish the other person. It does not dominate, humiliate, or degrade another person. It involves respecting oneself by expressing one's needs and defending one's rights and respecting the other person's needs and rights. The goal of assertive communication is mutual.

8. Non-assertive communication violates one's own rights by failing to express honest feelings, thoughts, and beliefs and permits others to violate you. Nonassertive individuals express their thoughts and feelings in an apologetic, self-effacing manner.

9. Deference means to be subservient to another person because he or she is older, more powerful, experienced, knowledgeable, or a different sex or race. This behavior shows a lack of respect for one's own needs and the inclination to avoid conflict at any cost.

10. Aggressive communication involves directly standing up for personal rights and expressing thoughts, feelings, and beliefs in a way that is often dishonest and usually inappropriate. This communication style always violates the rights of the other person. It humiliates, degrades, belittles, or overpowers other people.

11. The resident council is a forum for residents to voice their concerns regarding the long-term care facility. The activity director may be designated the chairperson who is responsible for scheduling the meeting, preparing an agenda, recording minutes, and communicating concerns to administration and appropriate department heads.

12. The family council is a forum for residents' family members to advise the facility's administration.

Lesson 3: Time Management - Activity Sheet

1. a. Bring each task into perspective.
   b. Involve the team.
   c. Evaluate the results.

2. Answer should include five of the following:
   a. What needs to be done?
   b. What are the requirements of this undertaking? Does it need extra people, time, or money?
   c. Are adequate resources available?
   d. How can the task be divided into bite-sized pieces?
   e. What are the priorities? (daily, weekly, monthly)
   f. In what sequence should the tasks be done?
   g. How much time will it take?

3. a. Your capabilities;
   b. Size of and policies of the facility;
   c. Number of persons involved in the planning process;
   d. Scheduling cycle of other departments.

4. Answer should include three of the following:
   a. Facility routine (meals, medicines, etc.)
   b. Residents' interests and time preferences
   c. Group activities and individual activities
   d. Make sure the schedule lends itself to revision and flexibility.
   e. Avoid too much routine.
   f. Encourage residents to select holiday activities and special events for each month.
   g. If starting a program or a new job in a facility, start day-to-day planning first and then the monthly plan for large group activities.
   h. Talk to the residents to get their ideas and suggestions.
   i. Create a resident recreation committee to help plan and evaluate the program.

5. Answer should include four of the following:
   a. What needs and interests of the residents are being met?
   b. Have the care plans been reviewed?
   c. Do the planned activities complement the care plans?
   d. Has past experience been considered?
   e. Has back-up planning been done?
   f. Has accessibility for all been considered?

6. a. Establish a planning schedule.
   b. Block out the schedule.
   c. Review the blocked-out schedule.
   d. Create a list and order needed equipment and supplies.
   e. Assign staff.
   f. Integrate into the facility program schedule.
   g. Distribute the schedule.
   h. Carry out activity and be flexible.

Lesson 4: Budgets - Activity Sheet

1. a. It helps control the costs of specific activities.
   b. It allocates sufficient funds for ongoing programs.

2. Answer should include four of the following:
   a. Help you to work with what you have
   b. Help you to allocate scarce resources to areas of greatest need
   c. Help you to convert your "wish list" into dollars and cents
   d. Help you to provide accountability for funds received and spent
   e. Help you to provide a clear record of past activities and costs

3. An annual budget serves is a guide for an entire year of activities. The annual budget should show columns of the amounts budgeted in each category last year and the actual expenditures. Reasons for significant variances from the budgeted amounts to actual expenses should be noted. The annual budget will help you more accurately estimate next year's expenditures.

4. a. Assess the needs and requirements of residents by reviewing the past years' programs and attendance records.
   b. Look at the current facility population to decide levels and variety of activities required.
   c. Gather current prices and fees associated with ongoing activities and potential programs.
   d. Show sources of funds.
   e. Obtain budget approval.

5. The monthly budget will help show at a glance the money remaining for each category at any given time.

6. a. Write the beginning balance at the top of the monthly budget.
   b. As money is spent, record the date, description, and amount next to the proper category.
   c. Subtract current expenditures from beginning balances to find ending balances.
   d. At the end of each month, forward the ending balance to the beginning of next month's budget.

7. Answer should include three of the following:
   a. Use a checking account rather than a cash box.
   b. Keep all cash/checks in a locked cabinet.
   c. Limit staff access to the locked cabinet.
   d. Make one staff member responsible for dispensing or receiving funds.
   e. Obtain and keep all receipts.
   f. Obtain several price quotes for major purchases.

8. Answer should include two of the following:
   a. Community
   b. Chamber of Commerce
   c. Businesses or organizations
   d. Facility staff members

9. All fund-raising efforts must be approved by the facility. Be sure to have the complete support of the administrator before proceeding with the gathering of community resource.

Lesson 5: Supervising Staff - Activity Sheet

1. List all the skills you do well and skills you would like to add to the program. It is important to try to have a balance of skills and abilities in the department.

2. a. Title of the job
   b. Description of the duties
   c. Location
   d. Hours
   e. Required skills and abilities
   f. Other information unique to the facility

3. a. Introduction to the facility and the activity program (philosophy, goals, history, physical layout, policies and procedures, etc.)
   b. Introduction to other facility staff members and their responsibilities
   c. Detailed description of job duties

4. Answer should include five of the following:
   a. Orienting and training new activity staff members
   b. Maintaining resident assessments
   c. Developing a program purpose statement or philosophy
   d. Managing the program's budget
   e. Determining the most effective means of accomplishing the work of the activity department
   f. Determining how well work is being accomplished compared to how the work was planned
   g. Being aware of and enforcing the activity program's and the facility's policies and procedures
   h. Delegating responsibilities
   i. Maintaining positive interrelationships with other departments
   j. Scheduling for activities and solving problems
   k. Distributing work, assigning job duties, and scheduling work assignments
   l. Motivating and directing staff by teaching and leading
   m. Allowing staff members to express thoughts and feelings and to suggest ideas
   n. Supporting staff members and being consistent when resolving conflicts
   o. Providing feedback and constructive criticism

5. Answer should include five of the following criteria:
   a. Give feedback with the intention of helping the recipient.
   b. Give feedback directly and based on a trusting relationship.
   c. Give feedback promptly after observing the behavior.
   d. Give feedback to describe the person's action and the effect it created.
   e. Give feedback in a nonthreatening and nonjudgmental way.
   f. Give feedback with a focus on behavior and not the person.
   g. Give feedback with good, specific, recent examples.
   h. Give feedback with a focus on strengths as well as weaknesses.
   i. Give feedback with inclusion of only changeable behavior, such as habits, and not physical characteristics.
   j. Give feedback to include only what the person can handle at one time.

k. Give feedback with allowance of time for discussion.
l. Give feedback privately, when negative, and in public if positive.

6. Answer should include five of the following characteristics:
   a. Good supervisors establish priorities.
   b. Good supervisors make decisions.
   c. Good supervisors analyze, assign, and carry through on necessary tasks.
   d. Good supervisors speak, write, and listen effectively.
   e. Good supervisors understand the facility; its structure, policies, and people.
   f. Good supervisors make themselves accessible to staff.
   g. Good supervisors seek and accept valid advice.
   h. Good supervisors give credit where due and accept justified criticism.
   i. Good supervisors admit shortcomings and attempt to improve.
   j. Good supervisors motivate people to learn and perform with meaningful incentives.
   k. Good supervisors do not encourage or allow constant complaining.
   l. Good supervisors relinquish control when needed.
   m. Good supervisors recognize that authority and responsibility go together.
   n. Good supervisors delegate responsibilities, but also to pitch in and help when necessary.
   o. Good supervisors respect themselves and others.
   p. Good supervisors are consistent, supportive, objective, and enthusiastic.
   q. Good supervisors do not take themselves too seriously and use humor liberally.
   r. Good supervisors promote personal growth, their own and others'.
   s. Good supervisors allow staff to contribute ideas and suggestions.

Lesson 6: Volunteers - Activity Sheet

1. A volunteer is a person who contributes services without pay.

2. Answer may include three of the following:
   a. Volunteers offer a fresh perspective and enthusiasm to any program. Different attitudes and leadership can often enhance facility programs.
   b. Volunteers can free the professional staff from day-to-day tasks, helping them work more effectively in their particular areas.
   c. Volunteers offer skills, knowledge, and support of individuals interested in particular sections of the facility's programs.
   d. Trained volunteers contribute to high performance standards.
   e. Volunteers gain knowledge and appreciation of the goals and objectives of the facility. They become enthusiastic supporters and effective team workers.
   f. Residents benefit from one-to-one attention given by volunteers and the extra attention staff members can give because of the volunteers.

3. a. The purpose of the service
   b. The staff members to whom the volunteer will report
   c. Detailed description of the volunteer's responsibilities
   d. Preferred knowledge or qualifications the volunteer should have
   e. Exact amount of time involved in providing the volunteer service

4. Answer may include two the following:
   a. Youth service groups (Boy Scouts, Girl Scouts, YMCA, and YWCA)
   b. Schools or colleges
   c. Retirees
   d. Churches
   e. Community organizations

5. Answer may include two of the following:
   a. Get to know the volunteer as an individual.
   b. Learn the volunteer's motivations to help.
   c. Find out volunteers' interests, talents, skills, abilities, and personality characteristics.
   d. Be prepared to answer questions about the facility.
   e. Conduct interviews with volunteers that are private, personal, and confidential.
   f. Establish a comfortable, natural, honest, and work-related relationship with the volunteer.
   g. Be a good listener and encourage the potential volunteer to talk.
   h. Always be honest about the job, the facility, and the residents.
   i. Allow volunteers time to think about the position.
   j. Outline the basics regarding why, what, and how the volunteer can contribute to the facility. Do not omit any necessary details.
   k. Show concern for the person. View the volunteer as a person, not as an object.
   l. Let the volunteer know that his or her service is important.
   m. Be sure to match the volunteer to the job that he or she is skilled and willing to do.
   n. Place volunteers as soon as possible.
   o. Reject a volunteer with courtesy and honesty. Emphasize the person's strengths.
   p. Consider referring a rejected volunteer to a more appropriate volunteer opportunity.

6. a. Prospecting - Finding people who have some likelihood of becoming successful volunteers.
   b. Selecting - Choosing the prospects who have the best chance for success.
   c. Presenting the job - Convincing potential volunteers of the satisfaction they can derive from the work.
   d. Placing - Assigning the volunteers to the positions most suited to their talents, capabilities, time limitations, etc.
   e. Training - Preparing volunteers for success with correct knowledge, attitudes, habits, and supplies for the job.

7. a. A history of the facility
   b. The purpose and objectives of the facility and its role in the community
   c. Relation of the administration to staff members, to the community, to residents, and to volunteers
   d. Fund-raising policies and procedures
   e. Personnel policies, procedures, and regulations that pertain to volunteers such as insurance, safety, parking, coffee breaks, dining areas, and equipment
   f. Rules and regulations pertaining uniquely to the volunteers
   g. Description of their duties, rights, and roles

8. The department head or administration supervises the volunteer depending on the type of service the volunteer is providing.

9. The answer should include three of the following:
   a. Determine areas of weakness and strength concerning the volunteer program and develop a checklist addressing each area of concern.
   b. Keep efficient records of individual volunteer evaluation forms.
   c. Routinely observe volunteers' work.
   d. Interview volunteers and ask opinions of staff members and residents.
   e. Refer to the volunteer's job description during an evaluation.
   f. Keep records of past volunteers, including comments on their performance and reasons for leaving.
   g. Provide a form for volunteers to evaluate the program and keep their comments on file.
   h. Use volunteer meetings as a way to receive information regarding the volunteer program.
   i. Schedule evaluations systematically and consistently.
   j. Use staff members as a way to receive information regarding the volunteer program.

10. Answer may include three of the following:
   a. For interest shown by the volunteer
   b. Dependability, promptness, usefulness
   c. Initiative on the job
   d. Quality and length of service
   e. Extraordinary service
   f. Complete fulfillment of a job

11. Answer should include six of the following:
   a. Praising of the volunteer on the job
   b. Sending letters and postcards of thanks
   c. Asking the advice of the volunteer
   d. Providing identification (uniforms, pins, etc.) so that others may recognize the volunteers
   e. Announcing a special contribution that a volunteer has made
   f. Giving a volunteer a more complex assignment
   g. Publicizing and taking pictures
   h. Holding special events, meetings, or parties
   i. Scheduling volunteer meetings to allow volunteers to become acquainted and the opportunity to provide input concerning the facility's services
   j. Inviting the volunteer to a staff meeting
   k. Presenting special awards and certificates

Lesson 7: Program Evaluation - Activity Sheet

1. To see if objectives are being met for the residents and the facility

2. a. Progress notes
   b. Activity participation records
   c. Care plans

3. a. Do the activities described in the progress notes match those listed in the care plans?
   b. Does the information on the progress notes indicate a change in resident functioning?
   c. Are the activity goals and objectives on the care plan realistic and are they being met?

4. Comparison evaluation is an evaluation method that compares the number of residents served to the number of hours the activity staff are scheduled.

5. a. Percentage of residents actively involved in the activity
   b. Percentage of residents not participating in group activities
   c. Activities that are most popular

6. Answer should include two of the following:
   a. Resident council
   b. Family council
   c. Talking with residents and staff immediately after a program
   d. Questionnaires
   e. Quality assurance committee
   f. Other activity directors

Unit VI: Management - Written Unit Evaluation

1. d
2. b
3. b
4. c
5. a
6. b
7. c
8. a
9. d
10. c
11. b
12. d
13. b
14. a
15. c
16. b
17. d
18. a
19. b
20. d
21. a
22. c
23. b
24. a
25. d
26. c
27. c
28. b
29. a
30. c
31. b
32. a
33. c
34. d
35. a
36. b